Hepatitis C Action Plan for Scotland:

Phase II (May 2008 – March 2011)

First Year Annual Report

Citation for this document

Scotland's Action Plan for Hepatitis C Phase II May 2008 – March 2011: First Year Progress Report. Report prepared by Health Protection Scotland, May 2009.

ISBN: 978-1-873772-28-7

Published by Health Protection Scotland, Clifton House, Clifton Place, Glasgow G3 7LN. Health Protection Scotland is a division of NHS National Services Scotland

First published May 2009

Health Protection Scotland
Clifton House
Clifton Place
Glasgow
G3 7LN

Tel: +44 (0) 141 300 1100
Email: hpsenquiries@hps.scot.nhs.uk

Designed and typeset by:
Health Protection Scotland

This publication can be made available in different languages, larger print, or Braille (English only). For information on translation of this publication in your community language, please phone the number below:

本出版品尚有不同語言版本、大型字體印刷版本、盲人點字版本（僅提供英文版本）可供您選擇。如需瞭解本出版品是否有翻譯成您當地使用的語言，請透過以下電話號碼與我們聯絡：

يمكن أن يتوفر هذا الإعلان بلغات مختلفة، وطباعة بحجم أكبر، وطباعة برايل (باللغة الإنجليزية فقط). للحصول على معلومات حول ترجمة هذا الإعلان بلغتك المحلية، يرجى الاتصال بالرقم الوارد أدناه.

यह प्रकाशन विभिन्न भाषाओं, बड़े अक्षरों, ब्रेल लिपि (सिर्फ अंग्रेजी) में उपलब्ध कराया जा सकता है। आपके समुदाय की भाषा में इसे प्रकाशन के अनुवाद के बारे में जानकारी के लिए कृपया नीचे दिए हुए नम्बर पर टेलीफोन करें।

Cuirear am foillseachadh seo ri fhaighinn ann an grunn chànan, clò-bhualadh mòr is Braille (Beurla a-mhàin). Cuir fòn dhan àireamh a leanas airson fiosrachaidh mar a gheibhear eadar-theangachadh an fhoillseachaidh seo nad chànan coimhearsnachd:

এই প্রকাশনাটি বিভিন্ন ভাষায়, বড় ছাপার অক্ষ-র এবং ব্রেইলী-ত (শুধুমাত্র ইং-রজী-ত) সরবরাহ করা যে-ত পা-র। এই প্রকাশনাটি আপনার মাতৃভাষায় অনুবাদ সম্পর্কিত ত-থ্যর প্র-য়াজ-ন অনুগ্রহপূর্বক নিম্নলিখিত নাম্বা-র টেলি-ফান করুন :

ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਵਖ ਵਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਛਾਪੇ, ਬ੍ਰੇਲ (ਸਿਰਫ਼ ਅੰਗਰੇਜ਼ੀ ਵਿਚ) ਉਪਲਬਧ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਇਸ ਪ੍ਰਕਾਸ਼ਨ ਦੇ ਆਪਣੇ ਭਾਈਚਾਰੇ ਦੀ ਭਾਸ਼ਾ ਵਿਚ ਅਨੁਵਾਦ ਲਈ ਜਾਣਕਾਰੀ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠ ਲਿਖੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ।

یہ طبع مختلف زبانوں اور بڑے چھاپ میں دستیاب کی جاسکتی ہے ، برائلی (صرف انگریزی میں)- اپنی کمیونٹی کے زبان میںاس طبع کے ترجمے کے بارے میں معلومات حاصل کرنے کے لئے ، براہ کرم مندرجہ ذیل نمبر پر فون کیجئے-

Contents

Foreword from the Minister for Public Health and Sport

HEPATITIS C PHASE II ACTION PLAN: FIRST YEAR ANNUAL REPORT

I am pleased to be able to provide a foreword to this first annual report on the Phase II Hepatitis C Action Plan. This report will be published exactly one year after I announced the publication of the Phase II Action Plan in 2008, and it is clear to me that a lot of progress has been made in that time, but that even more hard work lies ahead for the NHS and its partners.

The scale of the investment that is being made by the Scottish Government is a reflection of how seriously we are taking the current Hepatitis C epidemic. I am pleased to say that this commitment has been recognised internationally and Scotland is one of the first countries to have signed up to the World Hepatitis Alliance "12 Asks for 2012" on hepatitis. We are investing significantly because Hepatitis C is a disease which, while serious for those affected, can be effectively managed and, in many cases, can be cured by current therapies. Not only does this make sense for the individuals concerned, but it makes sense from the perspective of the NHS, where investing a relatively small amount in treatment can mean saving the significant resources that might have to be directed towards long-term management of cirrhosis or liver transplant patients.

The scale of the investment being made, and the associated work that has been undertaken, is evident from the following report. Significant progress has been made in establishing a new infrastructure across Scotland to enable us to better identify, diagnose, treat and support those with Hepatitis C. A significant amount of work has been taken forward in identifying the training and development needs of the Hepatitis C workforce; in developing national guidelines for injecting equipment provision; and in developing strategies to effectively communicate and raise awareness of Hepatitis C issues amongst the public and professionals. All of this activity is being supported by national and local programme management infrastructure to ensure actions are delivered and that the Government investment is used in the most efficient and effective way.

However, it is clear that we do have a long way to go. We are one year into a three year plan. Our goal of treating over 1,500 people a year for Hepatitis C remains ambitious, and will only be achieved if the new structures we put in place, and our communication and training strategies, ensure we are able to identify and diagnose those at risk. This year we have put the foundations in place to allow this to happen, but the next 12-18 months will be telling in terms of the extent to which our strategies are successful.

I would like to thank Health Protection Scotland, the NHS Board staff involved, and the wide range of other agencies that have been involved this year in delivering aspects of the Hepatitis C Action Plan. Scotland continues to lead the way in dealing with Hepatitis C, and Government investment is only half of the reason for that. The other half is the people on the front line who have taken up the challenge so enthusiastically.

I look forward to seeing progress in delivering on this challenging agenda over the next two years.

Abbreviations

APGB	Action Plan Governance Board
BBV	Blood Borne Virus
CEO	Chief Executive Officer
CHP	Community Health Partnership
CfI	Centre for Infection
DBS	Dried Blood Spot
ECOSS	Electronic Communications of Surveillance in Scotland
ETA	Education, Training and Awareness-raising
GCS	Generic Clinical System
GPs	General Practitioners
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
HPS	Health Protection Scotland
IDUs	Injecting Drug Users
IGIs	Information Generating Initiatives
ISD	Information Services Division
LA	Local Authority
LTS	Learning Teaching Scotland
MCN	Managed Care Network
MoU	Memorandum of Understanding
NES	NHS Education for Scotland
NESI	Needle Exchange Surveillance Initiative
NGO	Non-Governmental Organisation
NHS	National Health Service
NPT	Near Patient Test
QIS	Quality Improvement Scotland
SIGN	Scottish Intercollegiate Guidelines Network
SLA	Service Level Agreement
SPS	Scottish Prison Service
ToR	Terms of Reference
UA	Unlinked Anonymous
UK	United Kingdom
WoSSVC	West of Scotland Specialist Virology Centre

Introduction

Following an extensive consultation in 2005, the Scottish Government launched Scotland's Action Plan for Hepatitis C in September 2006.[1]; its aims are:

- To prevent the spread of Hepatitis C, particularly among Injecting Drug Users (IDUs).
- To diagnose Hepatitis C infected persons, particularly those who would most benefit from treatment.
- To ensure that those infected receive optimal treatment, care and support.

Taking a two-phased approach, Phase I (undertaken during September 2006 to March 2008), comprised 41 actions spread across the areas of co-ordination, prevention, testing/treatment/care and support and education/training/awareness-raising, and involved increasing awareness about Hepatitis C among professionals and undertaking extensive research and consultation to inform proposals for the development of Hepatitis C services during Phase II. All but one of the 41 Phase I actions were delivered; the outstanding action – the piloting of an in-prison needle and syringe exchange scheme –was rescheduled to be implemented during Phase II.

Phase II,[2] launched in May 2008, saw serious commitment from the Scottish Government, to tackle the Hepatitis C challenge facing Scotland, with an investment of approximately £43 million (the bulk of which is being allocated to NHS Boards), over the three years of Plan, to deliver 34 actions designed to dramatically improve prevention, diagnosis, treatment, care and support services for Hepatitis C throughout the country.

The actions are categorised into four areas of testing/treatment/care and support, prevention, information generating initiatives and co-ordination (Appendix 1). Each action has a desired outcome(s), performance measure to gauge progress in achieving the desired outcome(s), timescales, a lead organisation(s) accountable for delivering the action and key network(s) to support the lead organisation(s). Consequently, a project management approach, coupled with a strong governance structure, has been employed to measure and monitor progress, and ensure the Plan is implemented effectively and efficiently.

To fulfil the Government's expectation that significant improvements will be made in the prevention of, and the testing treatment and care of persons with, Hepatitis C, implementation of the Plan has involved representatives from all relevant disciplines and organisations, and has taken a graduated approach, focusing on establishing the necessary infrastructures in year one (2008/09), in preparation for services being delivered and developed in years two and three (2009/10 and 2010/11).

This is the first annual report of Phase II, but the second of the programme overall, and provides an update on progress made on the implementation of the Action Plan (Phase II). Progress on actions is divided into four main sections:

i) Testing, Treatment, Care and Support
ii) Prevention
iii) Information Generating Initiatives to Monitor the Performance of Actions
iv) Co-ordination, Accountability and Reporting.

Testing, Treatment, Care and Support

ISSUE

Widespread variations in the approach to the clinical management and social care of Hepatitis C infected persons exist across Scotland. Only two NHS Boards in Scotland have a Managed Care Network (MCN) for Hepatitis C and although Guidelines on the clinical management of persons with Hepatitis C exist, formal standards do not.

DESIRED OUTCOME OF ACTIONS:

To ensure that approaches to the diagnosis and management of Hepatitis C infected persons throughout Scotland are highly effective and, where appropriate, consistent.

Action 1

Each NHS Board will have, or be affiliated to, an MCN for Hepatitis C; this Network will comprise representatives of relevant specialists in healthcare and other stakeholder groups including those for the prison service, local authority, social work, the voluntary sector, mental health, addictions, and people living with and affected by Hepatitis C. The Network will be guided in its practice through the use of "Care" Guidelines, prepared by the Hepatitis C Action Plan's Testing, Treatment, Care and Support Working Group (http://www.hepcscotland.co.uk/pdfs/guidelines-for-hepatitis-c-care-networks.pdf) [3] and the Scottish Intercollegiate Guidelines Network (SIGN) guidelines (http://www.sign.ac.uk/pdf/sign92.pdf) [4] on the management of Hepatitis C.

Progress

- The majority of NHS Boards have appointed both their MCN Lead and MCN Co-ordinator (Appendix 2).
- Guidance on MCN membership, to ensure cross sector and multi-disciplined representation, and Terms of Reference (ToRs) have been agreed at a national level.
- Full implementation of MCNs at a local level is currently ongoing; full accreditation of all MCNs is expected to be achieved by early 2011.

Action 2

NHS Quality Improvement Scotland (QIS) will develop Standards for Hepatitis C testing and the treatment, care and social support of persons with Hepatitis C infection.

Progress

- Following submission of the proposed QIS topic, the process to develop Standards for Hepatitis C testing and the treatment, care and social support for persons with Hepatitis C infection has started.
- Currently, QIS is planning a series of meetings with key stakeholders to facilitate the production of a draft set of Standards, providing the basis for a formal consultation exercise. Standards will be developed in Year 2 with a provisional publication date of December 2010.

ISSUE

The training of the Hepatitis C workforce is ad hoc and often sub-standard with no alignment to quality frameworks.

DESIRED OUTCOME OF ACTIONS:

To ensure that Scotland's Hepatitis C Workforce in its entirety is knowledgeable, skilled and confident.

Action 3

A National Hepatitis C Learning and Workforce Development Framework will be developed

Progress

- *Hepatitis C Workforce Education Development: An Outline of Requirements* has been developed by NHS Education for Scotland (NES) in partnership with key stakeholders; it is anticipated that the "framework" report, currently undergoing consultation, will be published in May 2009.
- A National Workforce Development and Education Co-ordinator has been appointed to support and co-ordinate a review of the education and training needs of staff working with persons who are, or at risk of becoming infected with Hepatitis C. The postholder will support NHS Boards during the review process and prepare recommendations on national resources for education and training in relation to Hepatitis C (see Action 4).

Action 4

NHS Boards, working with their partners, will identify a Hepatitis C Workforce Development Lead, review the learning and development needs of the Hepatitis C Workforce, and implement a co-ordinated approach to Hepatitis C Workforce Development consistent with the National Hepatitis C Learning and Workforce Development Framework

Progress

- The majority of NHS Boards have appointed a Hepatitis C Workforce Development Lead (Appendix 2).
- A NES Learning and Development Needs Assessment tool, to review education and training needs of the Hepatitis C Workforce, has been developed and approved by all NHS Boards.
- A review of the local education and training needs of staff, involved in the prevention, diagnosis, treatment, care and support of Hepatitis C affected persons, who will utilise the aforementioned tool is ongoing.

Action 5

Awareness-raising campaigns and communications initiatives will continue to be developed, implemented and evaluated to meet the information and education needs of a range of professional audiences (including those responsible for the delivery of prevention services).

Progress

- The Education, Training and Awareness-raising (ETA) Network has agreed with the Scottish Government to expand the target audience for the Phase II campaign to include any professional who may come into contact with someone infected with, or at risk of acquiring, Hepatitis C. The campaign will specifically attempt to raise professional awareness around identifying those who need to be tested, supporting those who come forward for testing, and assessing treatment options for diagnosed patients,
- Insight gathering in raising awareness and changing perceptions of Hepatitis C amongst the health professional community, has been undertaken to inform the development of the approach and materials to be utilised in the Phase II campaign.
- A Usability Analysis of the existing Hepatitis C Scotland website has been completed (http://www.hepcscotland.co.uk); based on the needs identified, the web site will be redeveloped shortly to coincide with the launch of the professional (and public) awareness campaigns.
- The next phase of the campaign will be launched in September 2009, two weeks in advance of the awareness campaign for the public (see Action 11).
- A Reference Group (Appendix 3) has been established to determine how the effectiveness of the Phase II campaign can be robustly evaluated; a number of activities to evaluate the campaign process, and its impact on professional knowledge and awareness, and Hepatitis C testing and diagnosis, are currently being considered.

ISSUE

Insufficient numbers of Hepatitis C infected persons, including prisoners, receive antiviral therapy.

DESIRED OUTCOME OF ACTIONS:

To increase the numbers of infected persons who clear their infection and thus reduce the numbers of infected persons who develop severe Hepatitis C-related liver disease.

Action 6

Testing, Treatment, Care and Support services within each NHS Board will be developed to increase the number of persons undergoing therapy in Scotland from 450/year to 500 in 2008/09, 1,000 in 2009/10, 1,500 in 2010/11 and at least, 2,000/year thereafter.

Progress

- During 2008, approximately 560 Hepatitis C infected persons were initiated onto antiviral treatment in Scotland, exceeding the Year 1 national performance indicator target.
- To achieve the most effective use of resources, all NHS Boards have agreed to procure, collaboratively, drugs for the treatment of Hepatitis C; this work is being led by NHS National Procurement, in partnership with the MCN Leads Network.
- At a local level staff appointments and service developments, to increase the number of persons undergoing therapy, are being made in parallel with the production of MCN work plans to address Actions 6, 8 and 10.

Action 7

Service Level Agreements/Memoranda of Understanding between NHS Boards and the Scottish Prison Service (SPS) to promote the treatment of Hepatitis C infected inmates in prisons will be developed in the context of the SPS Blood Borne Virus (BBV) strategy.

Progress

- A national Memoranda of Understanding (MoU) has been developed, and agreed between SPS and each NHS Board through the Executive Leads, MCN Leads and Prevention Leads Networks (Appendix 2).
- Local Service Level Agreements (SLAs) (informed by the national MoU), between each NHS Board and local SPS establishment, covering service delivery and operational procedures, are currently being established.
- A National Hepatitis C Co-ordinator, jointly funded (and hosted) by NHS Forth Valley and SPS, will be employed to co-ordinate and facilitate SPS Hepatitis C actions nationally, whilst having a remit for NHS Forth Valley Hepatitis C MCN co-ordination locally.

ISSUE

In many parts of Scotland there are insufficient links between social care, addiction, mental health services and specialist services for Hepatitis C treatment. It is not possible to manage and treat Hepatitis C infected persons without considering their social care, and drug/alcohol problem needs.

There is a paucity of local authority (social care) involvement with Hepatitis C infected persons across Scotland.

DESIRED OUTCOME OF ACTIONS:

To ensure an integrated approach to the management of Hepatitis C infected persons involving Hepatitis C treatment, social care, and mental health/addiction is fostered.

Action 8

For each NHS Board a formal plan, indicating how it has integrated or will integrate appropriate elements of Hepatitis C specialist treatment services into those for social care, mental health and addiction in local authority, voluntary sector, primary care and secondary care settings, will be developed and implemented.

Progress

- The Executive Leads and the MCN Leads/Co-ordinators have agreed that the plan to address the integration of treatment services with social care, mental health and addiction services will be incorporated into the MCN work plan for each NHS Board (see Action 6).

Action 9

Each Local Authority (LA) will identify a strategic and operational Lead for Hepatitis C infection.

Progress

- While the majority of NHS Boards have identified a LA Lead (Appendix 2), some have encountered difficulties in engaging with, and obtaining support from, their LAs.
- A review of the current level of LA involvement in the delivery of Phase II is currently ongoing; focusing on i) the nature of current LA involvement in the delivery of the Action Plan ii) the extent and views on LA engagement and integration of services iii) views regarding ideal LA involvement iv) the barriers to better LA involvement and v) ideas to improve LA involvement, the review has sought the opinions of NHS staff (including Hepatitis C Executive Leads), LA Leads and service users, through an online survey, face to face interviews and a focus group.

ISSUE

The majority of persons chronically infected with Hepatitis C remain undiagnosed and many of those diagnosed fail to reach and stay within specialist care services. There are widespread variations in testing practice in the community setting. The uptake of Hepatitis C testing among past and current IDUs is sub-optimal following test offer.

DESIRED OUTCOME OF ACTIONS:

To reduce the proportion of Hepatitis C infected persons who are undiagnosed.

Action 10

NHS Boards will work with Community Health Partnerships (CHPs) to develop and implement a plan, incorporating innovative approaches, to improve Hepatitis C testing and referral activities by GPs and other community setting practitioners.

Progress

- Local MCNs are currently developing plans to introduce innovative testing and referral approaches in the primary care setting; the plans will be integrated into the MCN Work Plan for each NHS Board (see Action 6).
- An example is provided by the **Hepatitis C Community Outreach Project**, developed by the NHS Board in partnership with Glasgow Addiction Services. This innovative project, supported by three Clinical Nurse Specialists working across four Community Addiction Teams and hospital-based services, aims to facilitate testing, offer information, support and initial assessment in the community, and co-ordinate individuals' referral to hospital for further investigation and treatment. The project is a key component of NHS Greater Glasgow and Clyde's response to tackling Hepatitis C.

Action 11

An awareness-raising campaign, to promote Hepatitis C testing among those at risk of being infected, will be implemented and evaluated.

Progress

- The ETA network has agreed with the Scottish Government that the awareness campaign will target all those at risk of having been infected; the overarching objective of the campaign is to increase the number of at risk people coming forward for Hepatitis C testing and the number of people diagnosed.
- Initially, the campaign will focus on former IDUs, within the NHS Board areas of Glasgow, Lothian, Tayside, Grampian and Lanarkshire, and thereafter all those at risk of being infected, throughout Scotland, will be targeted.
- The Scottish Government has established a design group to lead the development, and co-ordinate the implementation, of the campaign; key messages and the media to be used will be informed by consultation with current and former IDUs, the non-injecting at-risk public, and the general public, to determine current attitudes and barriers to testing and diagnosis.
- The public awareness campaign will be launched in September 2009.
- A Reference Group has been established to determine how the effectiveness of the Phase II campaign can be evaluated robustly; a number of activities to evaluate the campaign are currently being considered.

Action 12

A programme of work to evaluate different approaches to Hepatitis C testing/body fluid sampling (e.g. near patient testing/use of saliva and dried blood spots) will be undertaken.

Progress

- To support and co-ordinate the implementation of this Action, an epidemiologist has been appointed and a steering group, involving colleagues from HPS, the West of Scotland Specialist Virology Centre (WoSSVC), Centre for Infection (CfI) (HPA, Colindale), Wales Public Health Laboratory and University of Bristol, has been established.
- A two phased approach has been agreed: Phase 1 will evaluate the effectiveness of i) obtaining blood via finger prick (as opposed to the traditional method), collecting it on filter paper, and testing it in the laboratory and ii) testing the dried blood spot (as above) on-site where the finger prick sampling is undertaken, using a near-patient testing device, in generating accurate HCV test results.
- Phase II will evaluate the usefulness and acceptability of the above approaches with respect to increasing the uptake of Hepatitis C testing and the numbers of infected persons being diagnosed.
- Ethical approval for Phase I has been obtained and work to collect specimens will commence in the near future.

Prevention

ISSUE

Widespread variations in the provision and uptake of injection equipment and educational initiatives to prevent Hepatitis C transmission exist throughout Scotland. Many NHS Boards do not have formal networks to facilitate the prevention of Hepatitis C.

Other than guidelines on the number of sets of needles/syringes that can be given to IDUs, comprehensive National Guidelines for services providing injection equipment do not exist.

DESIRED OUTCOME OF ACTIONS:

To ensure that approaches to the provision of injection equipment to IDUs throughout Scotland are highly effective and, where appropriate, consistent.

Action 13

Each NHS Board will have, or be affiliated to, a Network covering the Prevention of Hepatitis C and comprising representatives of all stakeholder sectors. Guidance regarding Network membership and Terms of Reference (ToRs) for the Hepatitis C component will be established. Each NHS Board will identify a Hepatitis C Prevention Lead.

Progress

- All NHS Boards have identified a local Prevention Lead (Appendix 2).
- National guidance on membership and ToRs of local networks has been agreed at a national level to ensure cross sector and multi-disciplined representation.
- Local Prevention Networks in each NHS Board have been established and are working towards full implementation.

Action 14

National Guidelines for services providing injection equipment to IDUs will be developed. A Guideline Development Group will be established (**Action 14**).

Progress

- A Guideline Development Group (Appendix 2), established in 2008, has developed National Guidelines for Services Providing Injection Equipment.
- The Guidelines are intended for people who have responsibility for planning, commissioning and delivering Injection Equipment Provision (IEP) services, and contain recommendations addressing i) the process of developing and reviewing local injection equipment provision to meet client needs, ii) increasing the quantity of injection equipment (both sterile needles *and* other injecting paraphernalia) that IEP services give out, iii) improving the quality of IEP services iv) the integration of care for IDUs, particularly those infected with Hepatitis C within the IEP setting and v) protecting the health and safety of staff and the promotion of the safe disposal of used injection equipment.
- A stakeholder consultation on the proposed guidelines was undertaken during February-March 2009; comments are currently being considered by the Guidelines Group members who anticipate publication of the final Guidelines by July 2009.

ISSUE

The re-use/sharing of injection equipment among IDUs is still highly prevalent and Hepatitis C transmission among IDUs throughout Scotland is very common.

DESIRED OUTCOME OF ACTIONS:

To reduce injection equipment sharing and Hepatitis C transmission among IDUs.

Action 15

Services providing injection equipment (needles/syringes and other injection paraphernalia) will be improved in accordance with the Guidelines referred to in action 14 above. Improvements will be made in terms of the i) quantity (increasing access and uptake of equipment through innovative, including outreach, approaches) ii) quality (e.g. the colour coding of equipment to avoid sharing) and, iii) nature (e.g. the provision of equipment other than needles/syringes), of provision.

Progress

- Using interim Guidelines (see Action 14), NHS Boards are currently reviewing, and assessing the need to establish new IEP services and/or further develop existing services, for their injecting population.
- NHS Board Prevention work plans are to be agreed with local stakeholders by June 2009; thereafter they will be implemented.

Action 16

Educational interventions aimed at vulnerable individuals, IDUs and those at risk of starting to inject will be designed and implemented to highlight how Hepatitis C transmission can be prevented.

Particular attention should be given to initiatives aimed at identifying existing and newly diagnosed IDUs with Hepatitis C to prevent the onward transmission of infection.

Progress

- An international review of existing educational interventions and models, in relation to the prevention of Hepatitis C transmission among IDUs, has been completed; a report will be published in May 2009.
- The review will form the basis of NHS Health Scotland's discussions with Prevention and Executive Leads to establish appropriate interventions for IDUs and those at risk of starting to inject; the lack of successfully evaluated initiatives documented in the published and grey literature has limited the number of evidence based interventions available for consideration.
- A national co-ordinator will be employed to i) facilitate the sharing of information and good practice among NHS Boards, and ii) to co-ordinate and support the development of any necessary resources for, and the implementation of, interventions at an NHS Board level.

ISSUE

IDUs who continue to inject drugs in prison do not have access to injection equipment in that setting.

DESIRED OUTCOME OF ACTIONS:

To demonstrate the acceptability, to users and prison officers, and use of an in-prison service providing injection equipment.

Action 17

An in-prison needle/syringe exchange initiative will be piloted as one of a range of harm reduction measures to reduce the transmission of Hepatitis C.

Progress

- The Scottish Prison Service has faced significant challenges obtaining support from prison unions for this intervention; discussions with Government Ministers and prison unions are ongoing.

ISSUE

Persons in school and further education settings receive little, if any, education about Hepatitis C.

DESIRED OUTCOME OF ACTIONS:

To increase awareness and knowledge of Hepatitis C among young people in Scotland.

Action 18

Hepatitis C guidance and educational support materials (within the context of BBVs/drugs misuse) will be developed, disseminated and evaluated to raise awareness among young people in school, further education and community settings, and other settings which support vulnerable young people.

Staff/peer group training initiatives will facilitate the implementation of this action.

Progress

- Learning Teaching Scotland (LTS) has commissioned a project to develop and test guidelines, materials and training for young people in schools (primary, secondary and those in specialist settings), further education and community settings.
- A steering group (Appendix 3) has been established, and background research and intelligence gathering undertaken; a review of existing Hepatitis C guidance and support materials used in education settings, and consultation with reference groups, is ongoing.

- The development of guidelines and/or national initiatives to provide education on Hepatitis C in primary and secondary schools in Scotland within the context of Curriculum for Excellence (with a specific focus on the Health and Wellbeing experiences and outcomes for Substance Misuse, and Relationships, Sexual Health and Parenthood), is ongoing and the first draft of materials for mainstream primary and secondary schools and staff was completed in March 2009.
- Clearance to approach education establishments to test and evaluate proposed awareness raising and/or training programmes has been obtained from Directors of Education and the heads of educational establishments in the reference groups.

Information Generating Initiatives to Monitor the Performance of Actions

ISSUE

Clinical data to monitor the performance of actions 6 and 7 are required.

DESIRED OUTCOME OF ACTIONS:

To ensure that measures to improve treatment, care and support services for Hepatitis C infected persons, and thus reduce their chances of progressing to severe Hepatitis C-related disease, are evaluated effectively.

Action 19

The further development of the National Hepatitis C Clinical Database, including the establishment of a Generic Clinical System (GCS), for Hepatitis C, will be undertaken.

Progress

- The National Hepatitis C Clinical Database Monitoring Committee (Appendix 3) (chaired by Professor Peter Hayes) continues to oversee and guide the development of the National Hepatitis C Clinical Database.
- At HPS, an Epidemiologist, IT systems developer and Project Manager have been appointed to support the implementation of this Action.
- An Executive Group (Appendix 3) (chaired by Dr John Dillon) has been established to support the Monitoring Committee and co-ordinate the development, procurement and implementation of the National GCS for Hepatitis C.
- In response to stakeholder feedback, and with the approval of the Monitoring Committee, the GCS will be designed to facilitate the management of patients with Hepatitis B, as well as those with Hepatitis C.
- In 2008, approximately 560 Hepatitis C infected persons commenced antiviral therapy in Scotland; this is in excess of the 2008/09 target of 500 treatment initiations.

ISSUE

Data to monitor the performance of actions 10 and 11 are required.

DESIRED OUTCOME OF ACTIONS:

To ensure that awareness campaigns aimed at reducing the proportion of infected persons who are undiagnosed are evaluated effectively.

Action 20

The development of a surveillance system to monitor Hepatitis C testing practice in Scotland will be undertaken.

Progress

- At Health Protection Scotland (HPS), a Database Manager and IT systems developer have been appointed to support and co-ordinate the implementation of this Action.
- HPS has consulted with key stakeholder groups (the Scottish Clinical Virology Consultants Group and the Scottish Microbiology Forum) and initiated negotiations with laboratories regarding the use of the existing Electronic Communications of Surveillance in Scotland (ECOSS) system to collate Hepatitis C testing and diagnosis information; the West of Scotland Specialist Virology Centre (WoSSVC) has agreed to act as a pilot site to develop the reporting algorithm and reporting process for the proposed surveillance system.
- The survey of laboratories undertaken during Phase I has been repeated to establish the uptake of Hepatitis C testing during 2008.
- A total of 70,600 Hepatitis C antibody tests were undertaken during 2008, which compares to 61,700 in 2006.
- 1720 new Hepatitis C diagnoses were made in 2008, which compares to an average of 1,600 new diagnoses made per year during 2003-2007.

ISSUE

Data to monitor the performance of actions 14-16 are required.

DESIRED OUTCOME OF ACTIONS:

To ensure that the package of interventions designed to increase uptake and reduce sharing of injection equipment, and reduce Hepatitis C transmission, among IDUs is evaluated effectively.

Action 21

The development of a data collection system to monitor the provision of injection equipment in Scotland will be undertaken.

Progress

- A steering group has been established by NHS Information Services Division (ISD) (Appendix 3), to review data requirements for, and oversee the design of, a new system to monitor injecting equipment provision, in line with the National Guidelines for Services Providing Injecting Equipment (see Action 14).
- A national survey of injection equipment services was undertaken by ISD in 2008; a report has been drafted and is due for publication in June 2009; the data have contributed to the review of services providing injecting equipment by NHS Boards (see Action 15).
- ISD propose to repeat this survey on an annual basis, providing an audit of services against the national guidelines, until a new electronic data collection system has been implemented.

- Consultation with stakeholders on proposed recommendations for the design of the new data collection system is ongoing.

Action 22

Annual surveys of Hepatitis C prevalence and incidence among IDUs across Scotland will be performed.

Progress

- At HPS, an Epidemiologist has been appointed to support the implementation of this Action.
- Clinical governance approval has been obtained to measure and monitor Hepatitis C prevalence through an unlinked anonymous (UA) survey of residual sera from IDUs having a named HIV test in Greater Glasgow & Clyde, Lothian, Tayside and Grampian NHS Boards; the testing of residual sera from IDUs in Greater Glasgow & Clyde for years 2006 and 2007 has been completed and the survey is currently being rolled out across the remaining three NHS Boards.
- The Needle Exchange Surveillance Initiative (NESI), measuring the prevalence and incidence of Hepatitis C among IDUs attending needle exchange settings, has been expanded to cover the eleven NHS Boards in mainland Scotland.
- The first wave of recruitment for NESI commenced in June 2008 and will continue to June 2009; by the end of April, in excess of 2,000 IDUs had been interviewed in nine of the eleven NHS Boards. A report on this survey is due to be published in November 2009.

ISSUE

If the performance of actions involving the development of prevention, diagnosis, treatment, care and support services in the prison setting is to be gauged, it is important that the proportion of Scotland's prison population who are Hepatitis C infected, the proportion of this group who are undiagnosed and the incidence of Hepatitis C transmission among prison inmates, is understood.

Also, if a sound understanding of the Hepatitis C diagnosis, treatment, care and support needs of i) children and ii) persons originating from Pakistan (and, possibly, other South Asian countries) – populations about whom little is known, apropos the proportions infected with Hepatitis C – is to be achieved, it is essential that prevalence studies on these groups are undertaken.

DESIRED OUTCOME OF ACTIONS:

To generate data to inform the needs of Hepatitis C infected prisoners, children and Pakistanis and will ascertain the effectiveness of measures to prevent the spread of Hepatitis C within the prison setting.

Action 23

A survey of Hepatitis C prevalence and incidence among prisoners in Scotland will be undertaken.

Progress

- The specification for the study of Hepatitis C prevalence and incidence among prisoners in Scotland has been agreed by the SPS and the Action Plan Governance Board (APGB).
- A tender for the study will be advertised shortly in the official Journal of the European Union.

Action 24

Surveys to estimate the prevalence of Hepatitis C among i) children in Scotland and, ii) people in Scotland who have lived in Pakistan (and, possibly, other South Asian countries) will be undertaken.

Progress

- At HPS, an Epidemiologist to support and co-ordinate the implementation of this Action has been appointed.
- Steering groups for both prevalence surveys have been established. (Appendix 3).
- Ethical approval for a survey of Hepatitis C prevalence among children attending the general anaesthetic assessment clinic of the Glasgow Dental Hospital and School has been sought and obtained. The study aims to determine i) the prevalence of Hepatitis C among children in Glasgow, ii) the proportion of Hepatitis C positive mothers who also have a child who is Hepatitis C positive and iii) risk factors for Hepatitis C infection in children.
- HPS is collaborating with Greater Glasgow & Clyde NHS Board on the design of the survey of people who have lived in Pakistan (and, possibly, other South Asian countries).

Co-ordination

HPS is responsible for co-ordinating the Action Plan nationally and the NHS Boards, through their Hepatitis C Executive Leads, are responsible for its co-ordination locally.

Accountability and Reporting

The Phase II Action Plan, mostly concerns the development of services by NHS Boards and other organisations, all of which have received funding for this purpose.
Accordingly, these lead organisations are directly accountable to the Scottish Government, reporting progress on, and performance of, actions for which they are responsible.

ISSUE

To ensure that the Action Plan is delivered efficiently, effectively, to timescales, and is governed appropriately a range of actions at national and local levels will be implemented.

National

Action 25

An Action Plan Advisory Board to advise and comment on issues concerning Action Plan progress and performance will be established.

Progress

- An Action Plan Advisory Board (Appendix 2), comprising of experts, some of whom practice in England, has been established by the Scottish Government; Action Plan progress was reviewed by the Board in March 2009.

Action 26

National Networks to support NHS Boards and other organisations delivering the Action Plan will be established and maintained.

Progress

- HPS has established, and provides administrative support to, several national Networks; these ensure that experience, best practice and progress on the delivery of the Action Plan is shared, and support, advice and guidance is provided to NHS Boards and other organisations responsible for delivering Hepatitis C related actions.
- The following National Networks have been established (Appendix 2):
    - Hepatitis C Executive Leads for NHS Boards and the SPS
    - MCN Clinical Leads/MCN Co-ordinators of NHS Boards
    - Hepatitis C Prevention Leads of NHS Boards
    - Leads of national Information Generating Initiatives (IGIs).
    - Leads of national Education, Training and Awareness-raising (ETA) initiatives
    - Workforce Development and Education Leads of NHS Boards
    - Leads of NGOs (primarily from the voluntary sector) with a major Hepatitis C remit.

- The establishment of the two remaining National Networks of LA Leads and Project Managers is imminent.

Action 27

Action Plan progress and performance will be monitored; an Action Plan Governance Board will be established to facilitate this action.

Progress

- HPS has established an Action Plan Governance Board to monitor operational progress (including spend) and ensure that the Action Plan is delivered in a timely, effective and efficient manner; the Board, comprising representatives from all NHS Boards and national agencies/networks responsible for the delivery of the Plan, reports to the Scottish Government (see Appendix 2).

Action 28

Communications activities (e.g. Annual reports, website development and annual stakeholder conference) to keep stakeholders abreast of, and receive feedback on, Action Plan progress, will be undertaken.

Progress

- HPS has undertaken a number of national communication activities to report Action Plan progress to stakeholders including:
  - The creation of a specific Action Plan project website providing information resources for National Network members
  - a Scotland contribution to the UK Annual Report on Hepatitis C (led by the Health Protection Agency (HPA) (http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1228810569993) [5]
  - a major contribution to a UK Government All-Party Parliamentary Hepatology Group meeting and report on Hepatitis C (http://www.hepctrust.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=eaa1cd383acc472385805cf0a630b43b&mode=link&guid=fd3b10eb79d64f1c9c4c157706c22995)
  - the publication of a Scottish Hepatitis C Action Plan Annual Report.
- An open event for stakeholders was held on 19th May 2009 (World Hepatitis Day), in Glasgow, to communicate the considerable progress made on the delivery of the Action Plan and provide a forum for discussion. The programme includes sessions from National and NHS Boards' perspectives and a global overview of Hepatitis C.

Action 29

To undertake the above actions, a Project Management approach to co-ordinate the effective, efficient and timely delivery of the Action Plan, will be employed.

Progress

- HPS has established a Programme Management Team to support the delivery of the Action Plan nationally; a programme management approach is being used, to monitor the delivery of the Action Plan.
- Working collaboratively with representatives from Lead Organisations and NHS Boards, detailed project plans have been developed, agreed, and consolidated into a National Project Plan so that progress can be monitored.

Local

Action 30

Local/Regional Networks to support the delivery of services will be established and maintained.

Progress

- Most NHS Boards have established a local Prevention Network and a Hepatitis C Managed Care Network to support the planning, implementation and auditing of services locally (see Actions 1 and 13).

Action 31

Local progress and performance will be monitored and support will be given to HPS and the Action Plan Governance Board to facilitate their national monitoring roles.

Progress

- NHS Boards are supporting HPS in monitoring Action Plan progress and performance, through reporting on a regular basis (Year 1).

Action 32

Communications activities to keep stakeholders abreast of, and receive feedback on, Action Plan progress will be undertaken; support will be provided for national communications initiatives.

Progress

- Local Communication Plans to report progress to, and get feedback from, stakeholders are underway. The development of NHS Board communication plans is a requirement for formal MCN accreditation. A Stakeholder analysis is currently being undertaken by local Project Managers as part of this development.
- NHS Boards have agreed to support HPS communication activities at a national level.

Action 33

Services will be commissioned.

Progress

- The commissioning of services at a local NHS Board level is ongoing (see Actions 1, 4, 6 and 15).

Action 34

To undertake the above actions, a Project Management approach will be employed.

Progress

- NHS Boards, most of which have appointed a Project Manager (or equivalent), are in the process of implementing a local Project Management approach supported by the National Project Management Team at HPS. This approach will generate detailed plans, comprising step by step actions, timelines and output measures, to facilitate the monitoring of local Action Plan progress.

References

1. Scottish Executive Health Department (SEHD). Hepatitis C Action Plan for Scotland. Phase I: September 2006-August 2008. Edinburgh: Scottish Executive; 2006. Available from: http://www.scotland.gov.uk/Publications/2006/09/15093626/0

2. Scottish Government. Hepatitis C Action Plan for Scotland. Phase II: May 2008-March 2011. Edinburgh: Scottish Government; 2008. Available from: http://www.scotland.gov.uk/Publications/2008/05/13103055/0

3. Hepatitis C Action Plan for Scotland: Testing, Treatment, Care and Support Working Group. Draft *Guidelines for Hepatitis C Care Networks*. Available from: http://www.hepcscotland.co.uk/pdfs/guidelines-for-hepatitis-c-care-networks.pdf

4. Scottish Intercollegiate Guidelines Network (SIGN). SIGN Guideline 92, Management of Hepatitis C: A national clinical guideline. Edinburgh: NHS Quality Improvement Scotland; 2006. Available from: http://sign.ac.uk/guidelines/published/numlist.html

5. Health Protection Agency. Hepatitis C in the UK: 2008 Report. London: Health Protection Agency; 2008. Available from http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1228810569993

6. All-Party Parliamentary Hepatology Group. Divided Nations: Tackling the Hepatitis C Challenge Across the UK. London: Hepatitis C Trust; 2009. Available from http://www.hepctrust.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=eaa1cd383acc472385805cf0a630b43b&mode=link&guid=fd3b10eb79d64f1c9c4c157706c22995

Appendix 1: Hepatitis C Action Plan for Scotland, Phase II Actions: Summary of Progress

Action	Description	Time scale	Status	Lead Organisation(s)	Lead Network(s) supporting the delivery of the action	Comments
Testing, Treatment, Care & Support						
1	Each NHS Board will have, or be affiliated to, an MCN for Hepatitis C; this Network will comprise representatives of relevant specialists in healthcare and other stakeholder groups including those for the prison service, local authority, social work, the voluntary sector, mental health / addictions, and people living with and affected by Hepatitis C. The Network will be guided in its practice through the use of "Care" Guidelines, prepared by the Hepatitis C Action Plan's Testing, Treatment, Care and Support Networking Group, and the Scottish Intercollegiate Guidelines Network 9SIGN0 guidelines on the management of Hepatitis C.	First meeting of MCN July 2008	Amber	NHS Boards	Hepatitis C Executive Leads Network	The majority of MCN Leads and Co-ordinators appointed. Full establishment of MCN at a local level currently ongoing and overdue in some NHS Boards. Establishment defined as membership and Terms of Reference signed off.
		Full establishment of MCN Jan 2009 (revised)	Red			
		MCN Accreditation Dec 2010	Green			
2	NHS Quality Improvement Scotland (QIS) will develop standards for Hepatitis C testing and the treatment, care and social support of persons with Hepatitis C infection.	Dec 2010 (revised)	Green	NHS Quality Improvement Scotland (QIS)	MCN Lead Networks	The development of standards for the treatment and care of persons with Hepatitis C infection is ongoing; standards are due to be published Dec 2010.
3	A National Hepatitis C Learning and Workforce Development Framework will be developed.	Framework published May 2009 (revised)	Amber	NHS Education Scotland (NES)	ETA Network	The National Hepatitis C Learning Workforce Development Framework report has been published for consultation. A National Workforce Development Coordinator has been appointed to support implementation of the framework nationally.
		Implemented 2009-2011	Green			

Action	Description	Time scale	Status	Lead Organisation(s)	Lead Network(s) supporting the delivery of the action	Comments
Testing, Treatment, Care & Support (Cont)						
4	NHS Boards, working with their partners, will identify a Hepatitis C Workforce Development Lead, review the learning and development needs of the Hepatitis C workforce, and implement a co-ordinated approach to Hepatitis C Workforce Development consistent with the National Hepatitis C Learning and Workforce Development Framework.	Workforce Development Leads identified Sep 2008	Amber	NHS Boards	i) ETA Network ii) MCN Network iii) Prevention Networks iv) NGOs Network	The majority of NHS Boards have appointed a Hepatitis C Workforce Development Lead. Work is ongoing to review and address education and training needs of local Hepatitis C Workforce.
		Learning and development needs of Hepatitis C workforce reviewed Jun 2009 (revised)	Green			
		Co-ordinated approach to Hepatitis C workforce developed implemented 2009-2011	Green			
5	Awareness-raising campaigns and communications initiatives will continue to be developed, implemented and evaluated to meet the information and education needs of a range of professional audiences (including those responsible for the delivery of prevention services).	Apr 2008 – Mar 2011	Green	Scottish Government (Marketing Unit)	i) ETA Network ii) MCN Network iii) Prevention Networks iv) NGOs Network	Activities commenced in Phase I are continueing, with agreement to target future activities to all relevant healthcare professionals. Work is ongoing to inform, develop, implement and evaluate Phase II campaign activities.

Action	Description	Time scale	Status	Lead Organisation(s)	Lead Network(s) supporting the delivery of the action	Comments
Testing, Treatment, Care & Support (Cont)						
6	Testing, Treatment, Care and Support services within each NHS Board will be developed to increase the numbers of persons undergoing therapy in Scotland from 450/year to 500 in 2008/09, 1,000 in 2009/10, 1,500 in 2010/11 and at least, 2,000/year thereafter.	Increase in the no. of persons undergoing therapy in Scotland to 500/year in 2008/09	Green	NHS Boards	i) MCNs ii) MCN Leads Network	Appointments and the development of services to increase the number of persons undergoing therapy is ongoing and includes the establishment of the national procurement of drugs for the treatment of Hepatitis C. During 2008, approximately 560 Hepatitis C infected persons were initiated into treatment in Scotland.
		Increase in the no. of persons undergoing therapy in Scotland to 1,000/year in 2009/10	Green			
		Increase in the no. of persons undergoing therapy in Scotland to 1,500/year in 2010/11	Green			
7	Service Level Agreements / Memoranda of Understanding, between NHS Boards and the Scottish Prison Service (SPS), to promote the treatment of Hepatitis C infected inmates in prisons, will be developed in the context of the SPS Blood Borne Virus (BBV) strategy.	MoU developed Feb 2009 (revised)	Blue	Scottish Prison Service	i) MCNs ii) MCN Leads Networks	SPS/NHS Board MoU has been developed; negotiations to implement local SLA's, between local establishments and relevant NHS Boards is ongoing.
		SLA developed Aug 2009 (revised)	Green			
8	For each NHS Board a formal plan, indicating how it has integrated or will integrate appropriate elements of Hepatitis C specialist treatment services into those for social care, mental health and addiction in local authority, voluntary sector, primary care and secondary care settings, will be developed and implemented.	Plan developed Sep 2009 (revised)	Green	NHS Boards	i) MCNs ii) NGOs Network	Ongoing. The MCN Work Plan (see Action 6) for each NHS Board will address the integration of Hepatitis C treatment services with those for social care, mental health and addiction.
		Implemented 2009-2011	Green			

Action	Description	Time scale	Status	Lead Organisation(s)	Lead Network(s) supporting the delivery of the action	Comments
Testing, Treatment, Care & Support (Cont)						
9	Each Local Authority will identify a Strategic and Operational Lead for Hepatitis C infection.	Strategic and Operational Leads identified Sep 2008 (revised)	Red	Local Authorities	MCNs	While the majority of NHS Boards have identified a Local Authority Lead, some have encountered difficulties engaging with their Local Authorities. Work is ongoing to assess barriers to Local Authority involvement in the Action Plan.
10	NHS Boards will work with Community Health Partnerships (CHPs) to develop and implement a plan, incorporating innovative approaches, to improve Hepatitis C testing and referral activities by General Practitioners (GPs) and other community setting practitioners.	Plan developed Sep 2009 (revised) Implemented 2009-2011	Green Green	NHS Boards	MCNs	Ongoing. The MCN Work Plan (see Action 6) for each NHS Board will address approaches to improve testing and referral activities in the community setting.
11	An awareness-raising campaign, to promote Hepatitis C testing among those at risk of being infected, will be implemented and evaluated.	Campaign implemented Sep 2009 Evaluated Sept 2010	Green Green	Scottish Government (Marketing Unit)	i) ETA Network ii) NGOs Network	The awareness raising campaign will target all those at risk of having been infected; initially, the campaign will focus on former IDUs, within the NHS Board areas of Glasgow, Lothian, Tayside, Grampian and Lanarkshire, and thereafter all those at risk of being infected, throughout Scotland, will be targeted. Insight gathering to inform and develop campaign activities ongoing; the campaign will be launched in September 2009. A Reference Group has been established to determine how to evaluate the campaign activities.
12	A programme of work to evaluate different approaches to Hepatitis C testing/body fluid sampling (e.g. near patient testing/use of saliva and dried blood spots) will be undertaken.	Programme designed 2008-2009 Evaluated 2009-2010 Reported 2010	Green Green Green	Blood Borne Virus Specialist Laboratories via Health Protection Scotland	i) MCN Leads Network ii) Information Generating Initiatives Network	Work to determine the ability to detect or predict the presence or absence of infection using finger prick blood with a dried blood spot specimen and a commercially available near patient test is ongoing.

Action	Description	Time scale	Status	Lead Organisation(s)	Lead Network(s)supporting the delivery of the action	Comments
Prevention						
13	Each NHS Board will have, or be affiliated to, a Network covering the Prevention of Hepatitis C and comprising representatives of all stakeholder sectors. Guidance regarding Network membership and Terms of Reference for the Hepatitis C component will be established. Each NHS Board will identify a Hepatitis C Prevention Lead.	Prevention Leads identified Jul 2008	Blue	NHS Boards	i) Hepatitis C Executive Leads Network ii) Prevention Leads Network iii) Guidelines Development Group	Prevention Leads have been identified in all NHS Boards. National Guidance on membership and ToR of local networks has been agreed, and local networks are working towards full implementation. Establishment defined as Network components in place and Prevention Network Establishment Report signed off.
		Hepatitis C requirements for Network agreed and implemented Sep 2008	Red			
14	National guidelines for services providing injection equipment to IDUs will be developed. A Guideline Development Group will be established.	Guideline Development Group established May 2008	Blue	Scottish Government	i) Guideline Development Group	National Guidelines for Services Providing Injecting Equipment have been published for consultation; anticipated publication of final guidelines by July 2009.
		Interim guidelines published Jan 2009 (revised)	Blue			
		Final guidelines published Jul 2009	Green			
15	Services providing injection equipment (needles/syringes and other injection paraphernalia) will be improved in accordance with guidelines (see action 14). Improvements will be made in terms of the, i) quantity (increasing access and uptake of equipment through innovative, including outreach, approaches), ii) quality (e.g. the colour coding of equipment to avoid sharing) and iii) nature (e.g. provision of equipment other than needles/syringes), of provision.	Plan of action for each Network developed Jun 2009 (revised)	Green	NHS Boards	i) Prevention Networks ii) Prevention Leads Network	Ongoing. NHS Boards establishing current injecting equipment provision in the context of National Guidelines.
		Implemented 2009-2011	Green			

Action	Description	Time scale	Status	Lead Organisation(s)	Lead Network(s)supporting the delivery of the action	Comments
Prevention (Cont)						
16	Educational interventions aimed at vulnerable individuals, IDUs and those at risk of starting to inject will be designed and implemented to highlight how Hepatitis C transmission can be prevented. Particular attention should be given to initiatives aimed at identifying existing and newly diagnosed IDUs with Hepatitis C to prevent the onward transmission of infection.	Interventions designed by Sept 2009 (revised – tbc)	Amber	NHS Health Scotland	i) Prevention Networks ii) Prevention Leads Network iii) ETA Network iv) NGOs Network	Ongoing. An international review of educational interventions and models, in relation to the prevention of Hepatitis C transmission among, has been completed. The number of potential interventions available for consideration will be limited by the lack of successfully evaluated initiatives in the published and grey literature.
		Interventions implemented throughout 2009-2011	Green	NHS Boards (supported by NHS Health Scotland)		
17	An in-prison needle/syringe exchange initiative will be piloted as one of a range of harm reduction measures to reduce the transmission of Hepatitis C.	Implemented and externally evaluated by 2011	Red	Scottish Prison Service	i) Prevention Leads Network ii) Relevant NHS Boards Prevention Networks	SPS have faced significant challenges obtaining support from prison unions for this intervention. Discussions with Government Ministers and prison unions are ongoing.
18	Hepatitis C guidance and educational support materials (within the context of BBVs/drug misuse) will be developed, disseminated and evaluated to raise awareness among young people in school, and further education and community settings, and other settings which support vulnerable young people. Staff/peer group training initiatives will facilitate the implementation of this action.	Materials developed Dec 2009 (revised)	Green	Learning Teaching Scotland	i) ETA Network ii) NGOs Network	The development of guidelines and/or national initiatives to provide education on Hepatitis C in primary and secondary schools in Scotland within the context of Curriculum for Excellence is ongoing; the first draft of materials for mainstream primary and secondary schools and staff was completed at the end of March 2009.
		Materials disseminated at a later date (revised date tbc)	Green			
		Evaluated Mar 2011	Green			

Action	Description	Time scale	Status	Lead Organisation(s)	Lead Network(s)supporting the delivery of the action	Comments
Information Generating Initiatives to Monitor Performance of Actions						
19	The further development of the National Hepatitis C Clinical Database, including the establishment of a Generic Clinical System (GCS) for Hepatitis C will be undertaken.	To be established (revised date tbc)	Green	NHS Health Protection Scotland	i) Action Plan Information Generating Initiatives Network ii) Hepatitis C Clinical Database Monitoring Group	Ongoing. An Executive group has been established to support and co-ordinate the development, procurement and implementation of the National Generic Clinical System for Hepatitis C.
		Available data published in Annual Report (May 2009)	Green			
		All NHS Board data published in Annual Report 2010	Green			
20	The development of a surveillance system to monitor Hepatitis C testing practice in Scotland will be undertaken.	To be established (revised date tbc)	Green	NHS Health Protection Scotland	Information Generating Initiative Network	Ongoing. HCV testing and diagnosis information to be collated through the Electronic Communications of Surveillance in Scotland system.
		Available data published in Annual Report (May 2009)	Green			
		All NHS Board data published in Annual Report 2010	Green			
21	The development of a data collection system to monitor the provision of injection equipment in Scotland will be undertaken.	Data collection system to be established (revised date tbc)	Green	NHS Information Services Division	Information Generating Initiative Network	Ongoing. A new electronic data collection system to monitor injecting equipment provision will be developed over the duration of the Action Plan; as an interim measure, ISD will repeat a survey of services providing injecting equipment on an annual basis.
		Available data published in Annual Report (May 2009)	Green			
		All NHS Board data published in Annual Report 2010	Green			

Action	Description	Time scale	Status	Lead Organisation(s)	Lead Network(s)supporting the delivery of the action	Comments
Information Generating Initiatives to Monitor Performance of Actions (Cont)						
22	Annual surveys of Hepatitis C prevalence and incidence among IDU's across Scotland will be performed.	Surveys undertaken annually and data published in Annual Report (May 2009)	Green	University of West of Scotland and NHS Health Protection Scotland	Information Generating Initiative Network	Ongoing. Hepatitis C prevalence will be monitored through an unlinked anonymous survey of residual sera from IDUs having a named HIV test and the Needle Exchange Surveillance Initiative (NESI).
23	A survey of Hepatitis C prevalence and incidence among prisoners in Scotland will be undertaken.	Survey undertaken and data published Nov 2011 (revised)	Green	Scottish Prison Service	Information Generating Initiative Network	Ongoing. Specification for the study of Hepatitis C prevalence and incidence among prisoners in Scotland has been agreed; the tender for the study will be advertised shortly.
24	Surveys to estimate the prevalence of Hepatitis C among i) children in Scotland, ii) people in Scotland who have lived in Pakistan (and , possibly, other South Asian countries) will be undertaken.	Surveys undertaken and data published Mar 2011	Green	NHS Health Protection Scotland	Information Generating Initiative Network	Ongoing. Steering groups established and the development and implementation of surveys underway.
Co-ordination						
25	An Action Plan Advisory Board to advise and comment on issues concerning Action Plan progress and performance will be established.	Established Mar 2009 (revised)	Blue	Scottish Government		Completed. Chair and members identified. First meeting held in March 2009; meetings to be held bi-annually.
26	National Networks to support NHS Boards and other organisations delivering the Action Plan will be established and maintained.	Established Jul 2008	Amber	NHS Health Protection Scotland		All National Networks established and maintained with the exception of the Local Authority and Project Managers Networks.
27	Action Plan progress and performance will be monitored; an Action Plan Governance Board will be established to facilitate this action.	Governance Board established Jul 2008	Blue	NHS Health Protection Scotland		Completed. Chair and members identified. First full meeting held in January 2009, and thereafter to be held bi-annually. Core Governance Board meets fortnightly to review progress.

Action	Description	Time scale	Status	Lead Organisation(s)	Lead Network(s)supporting the delivery of the action	Comments
Co-ordination (Cont)						
28	Communications activities (e.g. Annual reports, website development and annual Stakeholder Conference) to keep stakeholders abreast of, and receive feedback on, Action Plan progress will be undertaken.	Preliminary public website established May 2008	Blue	NHS Health Protection Scotland		Ongoing. Insight gathering for the public web site to be completed June 2009; content and site development to be undertaken thereafter and completed in line with timescale for the launch of the public awareness campaign (see Action 11).
		UK Annual Report Nov 2008	Blue			
		Full development of public website Sep 2009 (revised date tbc)	Green			
		Annual Report published May 2009	Green			
		Annual Stakeholder Conference May 2009	Green			
29	To undertake the above actions, a Project Management approach will be employed.	Project Management approach employed Jul 2008	Blue	NHS Health Protection Scotland		Completed. A Programme Management Team has been established at Health Protection Scotland, and a programme management approach used, successfully, to monitor delivery of the Action Plan.
		Project Management approach embedded 2009-2010	Blue			
30	Local/Regional Networks to support the delivery of services will be established and maintained.	/	/	NHS Boards		Ongoing (see Actions 1 and 13)
31	Local progress and performance will be monitored and support will be given to HPS and the Action Plan Governance Board to facilitate their national monitoring roles.	Established Sep 2008	Blue	NHS Boards		Completed. Reporting by exception was undertaken on a monthly basis in Year 1.

Action	Description	Time scale	Status	Lead Organisation(s)	Lead Network(s)supporting the delivery of the action	Comments
Co-ordination (Cont)						
32	Communications activities to keep stakeholders abreast of, and receive feedback on, Action Plan progress will be undertaken; support will be provided for national communications initiatives.	Established Apr 2009 (revised)	Green	NHS Boards		Development of local communication plans is ongoing and a requirement for formal MCN accreditation. NHS Boards have agreed to support HPS communication activities at a national level.
33	Services will be commissioned.	/	/	NHS Boards		Ongoing (see Actions 1, 4, 6 and 15)
34	To undertake the above actions, a Project Management approach will be employed.	Employed Jul 2009	Green	NHS Boards		Most NHS Boards have appointed a local Project Manager (or equivalent), and they are implementing a local Project Management approach supported by the National Project Management Network.

Key for Action Status

Blue	Action Completed
Red	Status indicates that on current progress, a significant (number or type of) activity will not be completed to schedule or quality requirements against the proposed plan to an extent that Phase II targets may not be met.
Amber	Status indicates that on current progress, some activities will not be completed to schedule or quality requirements against the proposed plan unless increased support is provided but Phase II targets can still be met.
Green	Status indicates that delivery is currently meeting anticipated progress and quality requirements against the proposed plan.

Appendix 2: Hepatitis C Action Plan for Scotland, Phase II – National Governance and Network Membership

2.1 Action Plan Advisory Board

NAME	NETWORK REMIT	POSITION	ORGANISATION
Mr Mike Palmer (Chair)	Chair - Action Plan Advisory Board	Deputy Director for Public Health and Substance Misuse	Scottish Government
Mr Robin Bate	Advisor & Administrative Lead	Policy Officer (Public Health Team)	Scottish Government
Mr Gareth Brown [1]	Programme Owner	Team Leader, Infectious Diseases, Immunisation & Blood Borne Viruses	Scottish Government
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Ms Helena Bayler	Patient Representative	Director	Bayler Rafferty Ltd
Dr Chris Ford	Advisor	General Practitioner	Lonsdale Medical Centre, London
Professor Graham Foster	Advisor	Professor of Hepatology	St. Bartholomew's Hospital, London
Mr Joe Griffin	Advisor	Head of Drugs Policy Unit	Scottish Government
Ms Margaret Hewett	Advisor	Specialist Hepatitis Nurse	University Hospital of North Durham
Mr Roy Kilpatrick	Advisor	Chief Executive	HIV Scotland
Mr David Liddell	Advisor	Director	Scottish Drugs Forum
Dr Alan Mitchell	Advisor	Clinical Director	East Renfrewshire Community Health
Mrs Mary Morgan	Advisor	Director	Health Protection Scotland
Dr Mary Ramsay	Advisor	Consultant Epidemiologist	Immunisation Department, Health Protection Agency
Mr Gerry Robb	Advisor	Section Head - Blood Borne Viruses	Department of Health, England
Professor Cairns Smith	Advisor	Professor of Public Health	Department of Public Health, School of Medicine, Aberdeen
Dr Richard Watson	Advisor	Scotland Clinical Lead for Drug Misuse Training Programme	Craigallian Medical Centre, Glasgow

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit

2.2 Action Plan Governance Board

NAME	NETWORK REMIT	POSITION	ORGANISATION
Professor David Goldberg (Chair) [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Mrs Ellen Carragher [1]	Administrative Lead	Administrator & PA to Professor David Goldberg	Health Protection Scotland
Mr Gareth Brown [1]	Programme Owner	Team Leader, Infectious Diseases, Immunisation & Blood Borne Viruses	Scottish Government
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Dr Syed Ahmed	Executive Lead & Co-Chair NHS Board & SPS Executive Leads Network	Consultant in Public Health Medicine	NHS Greater Glasgow & Clyde
Dr Eleanor Anderson	Chair - Hepatitis C Prevention Leads Network	Consultant in Public Health Medicine	NHS Greater Glasgow & Clyde
Dr Eric Baijal	Executive Lead	Director of Public Health	NHS Highland
Dr Sheila Cameron	Lead Organisation Representative	Consultant Clinical Scientist (Virology)	West of Scotland Specialist Virology Centre
Mr George Cunningham	Executive Lead	General Manager Kirkcaldy & Levenmouth CHP	NHS Fife
Dr Carol Davidson	Executive Lead	Director of Public Health	NHS Ayrshire & Arran
Mrs Hilary Davison	Lead Organisation Representative	Acting Director of Guidance and Standards	NHS Quality Improvement Scotland
Dr John Dillon	Lead Organisation Representative & Co-Chair - MCN Clinical Leads/Coordinators Network	Consultant Gastroenterologist & Hepatologist	NHS Tayside
Mrs Ann Eriksen	Executive Lead & Co-Chair NHS Board & SPS Executive Leads Network	Head of Social Inclusion	NHS Tayside
Dr Ray Fox	Co-Chair - MCN Clinical Leads/Coordinators Network	Consultant in Infectious Diseases	NHS Greater Glasgow & Clyde
Dr Eric Baijal	Executive Lead	Director of Public Health	NHS Highland
Dr David Breen	Executive Lead	Consultant in Public Health Medicine	NHS Dumfries & Galloway
Mr George Howie	Lead Organisation Representative & Chair – Education, Training & Awareness Raising Network	Health Improvement Programme Manager	NHS Health Scotland
Dr Helen Howie [2]	Executive Lead	Consultant in Public Health Medicine	NHS Grampian
Dr Sharon Hutchinson	Chair - Information Generating Initiatives Leads Network	Analytical Epidemiologist	Health Protection Scotland
Mr Roy Kilpatrick	Chair – Non-Governmental Organisation Network	Chief Executive	HIV Scotland
Ms Miriam King [1]	Project Manager	Group Operations Manager / Project Manager	Health Protection Scotland
Dr John Logan	Executive Lead	Consultant in Public Health Medicine	NHS Lanarkshire
Dr Alison McCallum	Executive Lead	Director of Public Health	NHS Lothian
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
Mr Mike Palmer	Chair – Action Plan Advisory Board	Deputy Director for Public Health and Substance Misuse	Scottish Government
Ms Ruth Parker	Lead Organisation Representative	Acting Addictions Co-ordinator	Scottish Prison Service
Mr Robert Parry	Lead Organisation Representative	Associate Director of Nursing, Midwifery & Allied Health Professions (NMAHP)	NHS Education for Scotland
Dr Tim Patterson	Executive Lead	Consultant in Public Health Medicine	NHS Borders
Dr Henry Prempeh	Executive Lead	Consultant in Public Health Medicine	NHS Forth Valley
Mr Iain Ramsay	Lead Organisation Representative	Team Leader: Health & Wellbeing	Learning and Teaching Scotland
Dr Sheila Scott	Executive Lead	Director of Public Health	NHS Western Isles
Mrs Sita Smith	Lead Organisation Representative	Principal Statistician	Information Services Division
Professor Avril Taylor	Lead Organisation Representative and Chair – Guidelines Development Group	Director, Institute for Applied Social and Health Research and Associate Dean (Research and Commercialisation), School of Social Sciences	University of the West of Scotland
Dr Sarah Taylor	Executive Lead	Director of Public Health	NHS Shetland
Mr Graham Wharton	Executive Lead	Infection Control Manager	NHS Orkney

[1] Member of Action Plan Core Governance Board, [2] Maternity cover for Dr Maria Rossi, [3] Interim Remit, [4] Joint Remit

2.3 NHS Board and SPS Hepatitis C Executive Leads Network

NAME	NETWORK REMIT	POSITION	ORGANISATION
Dr Syed Ahmed (Co-Chair)	Executive Lead	Consultant in Public Health Medicine	NHS Greater Glasgow & Clyde
Mrs Ann Eriksen (Co-Chair)	Executive Lead	Head of Social Inclusion	NHS Tayside
Ms Ellen Carragher [1]	Administrative Lead	Administrator & PA to Professor David Goldberg	Health Protection Scotland
Mr Gareth Brown [1]	Programme Owner	Team Leader, Infectious Diseases, Immunisation & Blood Borne Viruses	Scottish Government
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Dr Eric Baijal	Executive Lead	Director of Public Health	NHS Highland
Dr David Breen	Executive Lead	Consultant in Public Health Medicine	NHS Dumfries & Galloway
Mr George Cunningham	Executive Lead	General Manager Kirkcaldy & Levenmouth CHP	NHS Fife
Dr Carol Davidson	Executive Lead	Director of Public Health	NHS Ayrshire & Arran
Dr Helen Howie [2]	Executive Lead	Consultant in Public Health Medicine	NHS Grampian
Dr Sharon Hutchinson	Chair - Information Generating Initiatives Leads Network	Analytical Epidemiologist	Health Protection Scotland
Ms Miriam King [1]	Project Manager	Group Operations Manager/Project Manager	Health Protection Scotland
Dr John Logan	Executive Lead	Consultant in Public Health Medicine	NHS Lanarkshire
Dr Alison McCallum	Executive Lead	Director of Public Health	NHS Lothian
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
Mrs Ruth Parker	Executive Lead	Acting Addictions Co-ordinator	Scottish Prison Service
Dr Tim Patterson	Executive Lead	Consultant in Public Health Medicine	NHS Borders
Dr Henry Prempeh	Executive Lead	Consultant in Public Health Medicine	NHS Forth Valley
Dr Sheila Scott	Executive Lead	Director of Public Health	NHS Western Isles
Dr Sarah Taylor	Executive Lead	Director of Public Health	NHS Shetland
Mr Graham Wharton	Executive Lead	Infection Control Manager/Health Protection	NHS Orkney

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit

2.4 Managed Care Network (MCN) Clinical Leads/Co-ordinators Network

NAME	NETWORK REMIT	POSITION	ORGANISATION
Dr John Dillon (Co-Chair)	MCN Clinical Lead	Consultant Gastroenterologist & Hepatologist	NHS Tayside
Dr Ray Fox (Co-Chair)	MCN Clinical Lead	Consultant in Infectious Diseases	NHS Greater Glasgow & Clyde
Ms Amanda Burridge	Administrative Lead	Project Support Manager	Health Protection Scotland
Mr Gareth Brown [1]	Programme Owner	Team Leader, Infectious Diseases, Immunisation & Blood Borne Viruses	Scottish Government
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Dr Sam Allen	MCN Clinical Lead	Consultant in General Medicine, Infectious Diseases	NHS Ayrshire & Arran
Dr Peter Bramley [3]	MCN Clinical Lead	Consultant Gastroenterologist	NHS Forth Valley
Dr Sheila Cameron	Lead Organisation Representative	Consultant Clinical Scientist (Virology)	West of Scotland Specialist Virology Centre
Ms Catherine Coffield	MCN Co-ordinator/Manager	Hepatitis C Managed Care Network Manager	NHS Grampian
Dr Dara De-las Heras [3]	MCN Clinical Lead	Consultant Physician (Gastroenterologist)	NHS Highland
Dr Andrew Fraser	MCN Clinical Lead	Consultant Hepatologist	NHS Grampian
Mr Stephen Heller-Murphy	Scottish Prison Service Co-ordinator	Addictions Policy and Development Manager	Scottish Prison Service
Dr Gwyneth Jones	MCN Clinical Lead	Consultant Physician	NHS Dumfries & Galloway
Dr Nicholas Kennedy	MCN Clinical Lead	Consultant in Infectious Diseases	NHS Lanarkshire
Ms Miriam King [1]	Project Manager	Group Operations Manager/Project Manager	Health Protection Scotland
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
Mr Tim Patterson [3]	MCN Clinical Lead	Consultant in Public Health Medicine	NHS Borders
Ms Julie Murray	MCN Co-ordinator/Manager	Managed Care Network Co-ordinator/ Project Manager	NHS Borders
Ms Elaine Ross	MCN Co-ordinator/Manager	Hepatitis C Project Lead/Blood Borne Virus Nurse	NHS Dumfries & Galloway
Mr Justin Schofield	MCN Co-ordinator/Manager	Hepatitis C Programme Manager	NHS Greater Glasgow & Clyde
Ms Isabel Steele	MCN Clinical Lead	Senior Health Promotion Officer (HIV, Sexual Health & Youth Health)	NHS Western Isles
Dr Ewen Stewart	MCN Clinical Lead	General Practitioner	NHS Lothian
Ms Hilda Stiven	MCN Co-ordinator/Manager	Senior Health Policy Officer	NHS Lothian
Mr John Taylor	MCN Co-ordinator/Manager	Development Manager Blood Borne Virus Task Group	NHS Fife
Dr Sarah Taylor	MCN Clinical Lead	Director of Public Health	NHS Shetland
Ms Donna Thain	MCN Co-ordinator	Blood Borne Virus Managed Care Network Manager	NHS Tayside
Ms Trish Tougher	MCN Co-ordinator/Manager	Blood Borne Virus Managed Care Network Manager	NHS Lanarkshire
Mr Graham Wharton	MCN Clinical Lead	Infection Control Manager/Health Protection	NHS Orkney
Dr John Wilson	MCN Clinical Lead	Consultant Physician & Gastroenterologist	NHS Fife

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit

2.5 Hepatitis C Prevention Leads Network

NAME	NETWORK REMIT	POSITION	ORGANISATION
Dr Eleanor Anderson (Chair)	Chair - Hepatitis C Prevention Leads Network	Consultant in Public Health Medicine	NHS Greater Glasgow & Clyde
Ms Amanda Burridge	Administrative Lead	Project Support Manager	Health Protection Scotland
Mr Gareth Brown [1]	Programme Owner	Team Leader, Infectious Diseases, Immunisation & Blood Borne Viruses	Scottish Government
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Ms Nic Amos [4]	Co-Prevention Lead	Senior Health Promotion Officer, Sexual Health & Blood Borne Viruses	NHS Borders
Ms Julie Murray [4]	Co-Prevention Lead	Managed Care Network Co-ordinator/Project Manager	NHS Borders
Ms Carol Crawford	Prevention Lead	Health Protection Nurse	NHS Forth Valley
Ms Karen Cruikshank	Lead Organisation Representative	Health Improvement Officer	NHS Health Scotland
Mr John Glenday	Prevention Lead	Shared Care/Harm Reduction Co-ordinator	NHS Highland
Mrs Josephine Haigh	Lead Organisation Representative	Health Improvement Programme Officer (Alcohol and Drugs)	NHS Health Scotland
Mr George Howie	Lead Organisation Representative & Chair - Education, Training & Awareness Raising Network	Health Improvement Programme Manager	NHS Health Scotland
Ms Miriam King [1]	Project Manager	Group Operations Manager/Project Manager	Health Protection Scotland
Mr Pat Lerpiniere	Prevention Lead	Addiction Services Manager	NHS Ayrshire & Arran
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
Mr Richard McIntosh	Prevention Lead	Senior Health Promotion Officer	NHS Tayside
Ms Norah Palmateer	Lead Organisation Representative (Unlinked Anonymous Testing)	Epidemiologist	Health Protection Scotland
Ms Ruth Parker	Prevention Lead	Acting Addictions Co-ordinator	Scottish Prison Service
Dr Kirsty Roy	Prevention Lead	Senior Epidemiologist	Health Protection Scotland
Mr Justin Schofield	Prevention Lead	Hepatitis C Programme Manager	NHS Greater Glasgow & Clyde
Mr Jim Shanley	Prevention Lead	Manager, Harm Reduction Team	NHS Lothian
Ms Isabel Steele	Prevention Lead	Senior Health Promotion Officer (HIV, Sexual Health & Youth Health)	NHS Western Isles
Ms Fiona Stuart	Prevention Lead	Specialist Pharmacist in Substance Misuse	NHS Grampian
Mr John Taylor	Prevention Lead	Development Manager Blood Borne Virus Task Group	NHS Fife
Dr Sarah Taylor	Prevention Lead	Director of Public Health	NHS Shetland
Ms Kerri Todd [4]	Co-Prevention Lead	Project Manager - Health Promotion	NHS Lanarkshire
Ms Maureen Woods [4]	Co-Prevention Lead	Harm Reduction Team Leader	NHS Lanarkshire
Mrs Lynda Tweddle	Prevention Lead	Blood Borne Virus Training & Improvement Officer	NHS Dumfries & Galloway
Mr Graham Wharton	Prevention Lead	Infection Control Manager/Health Protection	NHS Orkney
Mr Leon Wylie	Advisor & Communication link with Drug & Alcohol Teams	National Substance Use Support Officer	Scottish Association of Alcohol and Drug Action Teams

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit

2.6 National Information Generating Initiatives Leads Network

NAME	NETWORK REMIT	POSITION	ORGANISATION
Dr Sharon Hutchinson (Chair)	Chair - Information Generating Initiatives Leads Network	Analytical Epidemiologist	Health Protection Scotland
Dr Kirsty Roy (Vice Chair)	Epidemiologist[5] (Actions 12, 24) & Advisor – Epidemiology (Actions 5, 11, 18)	Senior Epidemiologist	Health Protection Scotland
Ms Sue McBride	Administrative Lead	Administrative Support Officer	Health Protection Scotland
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Professor Jeremy Bagg	Lead Organisation Representative (Action 24)	Head of Dental School	University of Glasgow
Mr Chris Black	Lead Organisation Representative (Action 21)	Information Analyst	Information Services Division
Dr Sheila Cameron	Lead Organisation Representative (Action 12)	Consultant Clinical Scientist (Virology)	West of Scotland Specialist Virology Centre
Dr John Dillon	Lead Organisation Representative (Action 19)	Consultant Gastroenterologist & Hepatologist	NHS Tayside
Mr Hamish Innes	Epidemiologist[5] (Action 19)	Epidemiologist	Health Protection Scotland
Ms Karen Jones	Lead Organisation Representative (Action 5 &10)	Marketing Manager	Scottish Government
Ms Miriam King [1]	Project Manager	Group Operations Manager/Project Manager	Health Protection Scotland
Dr Georgina McAllister	Epidemiologist[5] (Action 12)	Epidemiologist	Health Protection Scotland
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
Ms Maureen O'Leary	Epidemiologist[5] (Action 24)	Epidemiologist	Health Protection Scotland
Ms Norah Palmateer	Epidemiologist[5] (Action 22)	Epidemiologist	Health Protection Scotland
Mrs Ruth Parker	Lead Organisation Representative (Action 23 &17)	Acting Addictions Co-ordinator	Scottish Prison Service
Mr Iain Ramsay	Lead Organisation Representative (Action 18)	Team Leader Health & Well Being	Learning and Teaching Scotland
Mr Justin Schofield	Lead Organisation Representative (Action 24)	Hepatitis C Programme Manager	NHS Greater Glasgow & Clyde
Mrs Sita Smith	Lead Organisation Representative (Action 21)	Principal Statistician	Information Services Division
Professor Avril Taylor	Lead Organisation Representative (Action 22)	Director, Institute for Applied Social and Health Research and Associate Dean (Research and Commercialisation), School of Social Sciences	University of the West of Scotland

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit
[5] Epidemiologist providing advice, support and expertise for the cited Action through a partnership arrangement with the Lead Organisation.

2.7 Education, Training and Awareness Raising Network

NAME	NETWORK REMIT	POSITION	ORGANISATION
Mr George Howie (Chair)	Lead Organisation Representative & Chair - Education, Training and Awareness Raising Network	Health Improvement Programme Manager	NHS Health Scotland
Ms Georgina Fenner	Administrative Lead	Project Administrator, Alcohol and Substance Misuse	NHS Health Scotland
Mr Gareth Brown [1]	Programme Owner	Team Leader, Infectious Diseases, Immunisation & Blood Borne Viruses	Scottish Government
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Ms Helena Bayler	Patient Representative	Director	Bayler Rafferty Ltd
Dr John Budd	Advisor – General Practice	Edinburgh Homeless Practice GP	NHS Lothian
Mr David Cameron	Advisor – National Training Provision & Non-Governmental Organisation Network Representative	Interim Director of Blood Borne Viruses	Mainliners Hepatitis C Resource Centre
Mr Brian Coane	Advisor - Marketing	Account Director	Leith Agency
Ms Karen Cruikshank	Lead Organisation Representative	Health Improvement Officer	NHS Health Scotland
Mr James Egan	Advisor – National Training Provision & Non-Governmental Organisation Network Representative	Head of Policy and Practice	Scottish Drugs Forum
Mrs Josephine Haigh	Lead Organisation Representative	Health Improvement Programme Officer (Alcohol & Drugs)	NHS Health Scotland
Mr Stephen Heller-Murphy	Lead Organisation Representative	Addictions Policy and Development Manager	Scottish Prison Service
Mr Allan Johnston	Advisor – National Training Provision	Business Development and Operations Manager	Scottish Training on Drugs and Alcohol
Ms Karen Jones	Lead Organisation Representative	Marketing Manager	Scottish Government
Mrs Justine McCuaig	Workforce Development & Education Network Representative	Blood Borne Virus/Health Protection Nurse	NHS Dumfries & Galloway
Mr Iain Ramsay	Lead Organisation Representative	Team Leader: Health & Wellbeing	Learning & Teaching Scotland
Mrs Ruth Robertson	Lead Organisation Representative	Health Protection Education Programme Manager	NHS Education for Scotland
Dr Kirsty Roy	Advisor - Epidemiology	Senior Epidemiologist	Health Protection Scotland
Mrs Jan Tait	Advisor - Nursing	Clinical Nurse Specialist in Gastroenterology	NHS Tayside
Mr Leon Wylie	Advisor & Communication link with Drug & Alcohol Teams	National Substance Use Support Officer	Scottish Association of Alcohol & Drug Action Teams

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit

2.8 Workforce Development and Education (WDE) Leads Network

NAME	NETWORK REMIT	POSITION	ORGANISATION
Mr Robert Parry (Chair)	Lead Organisation Representative & Chair - WDE Leads Network	Associate Director of Nursing, Midwifery & Allied Health Professions (NMAHP)	NHS Education for Scotland
Ms Amanda Burridge	Administrative Lead	Project Support Manager	Health Protection Scotland
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Mr Gareth Brown [1]	Programme Owner	Team Leader, Infectious Diseases, Immunisation & Blood Borne Viruses	Scottish Government
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Mr David Cameron [3]	WDE Lead	Interim Director of Blood Borne Viruses	NHS Lothian
Mrs Louise Carroll	WDE Lead	Research and Development Officer for Blood Borne Viruses	NHS Greater Glasgow & Clyde
Mr John Taylor [3]	WDE Lead	Development Manager Blood Borne Virus Task Group	NHS Fife
Ms Catherine Coffield [3,4]	WDE Lead	Hepatitis C Managed Care Network Manager	NHS Grampian
Ms Louise Robertson [4]	WDE Lead	Learning & Development Manager	NHS Grampian
Dr Carol Davidson [3]	WDE Lead	Director of Public Health	NHS Ayrshire & Arran
Mrs Wendy Hatrick	WDE Lead	Public Health Nurse	NHS Shetland
Mr George Howie	Lead Organisation Representative & Chair - Education, Training and Awareness Raising Network	Health Improvement Programme Manager	NHS Health Scotland
Mrs Mo Kerr [4]	WDE Lead	Liver Disease Clinical Nurse Specialist	NHS Highland
Ms Lorraine McKee [4]	WDE Lead	Health Protection Specialist Nurse	NHS Highland
Ms Jacqueline Martin	WDE Lead	Senior Health Promotion Officer	NHS Lanarkshire
Mrs Justine McCuaig	WDE Lead	Blood Borne Virus/Health Protection Nurse	NHS Dumfries & Galloway
Ms Ann McGregor	WDE Lead	Educational Workforce Co-ordinator/Project Manager (Hepatitis C)	NHS Forth Valley
Ms Pat Millar	WDE Lead	Training & Development Manager	NHS Tayside
Ms Julie Murray	WDE Lead	Managed Care Network Co-ordinator/Project Manager	NHS Borders
Mr John Porter	WDE Lead	Nursing Services Manager	Scottish Prison Service
Mrs Ruth Robertson	Lead Organisation Representative	Health Protection Education Programme Manager	NHS Education for Scotland
Ms Isabel Steele	WDE Lead	Senior Health Promotion Officer (HIV, Sexual Health & Youth Health)	NHS Western Isles
Mr Graham Wharton	WDE Lead	Infection Control Manager/Health Protection	NHS Orkney

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit

2.9 Non-Governmental Organisations (NGOs) Leads Network

NAME	NETWORK REMIT	POSITION	ORGANISATION
Mr Roy Kilpatrick (Chair)	Chair – Non-Governmental Organisation Network	Chief Executive	HIV Scotland
Ms Amanda Burridge	Administrative Lead	Project Support Manager	Health Protection Scotland
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Mr Gareth Brown [1]	Programme Owner	Team Leader, Infectious Diseases, Immunisation & Blood Borne Viruses	Scottish Government
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Ms Catherine Arkley	Representative of the indicated Non-Governmental Organisation	Chief Executive	Children's Liver Disease Foundation
Mr David Cameron		Interim Director of Blood Borne Viruses	Mainliners, Hepatitis C Resource Centre
Mr Ron Christie		Project Manager	Body Positive Tayside
Mr Philip Dolan		Chairman	Scottish Haemophilia Group
Mr Charles Gore		Chief Executive	Hepatitis C Trust
Mr David Johnston		Director	Waverley Care
Mr David Liddell		Director	Scottish Drugs Forum
Mr Ian Robertson		Social Worker	Fife Positive Support
Mrs Alison Rogers		Chief Executive	British Liver Trust
Ms Moira Washington		Manager	C-Level
Ms Francesca Wilson		Project Leader	Anam Cara

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit

2.10 Project Management Network

NAME	NETWORK REMIT	POSITION	ORGANISATION
Dr Nicola Rowan [1] (Chair)	Programme Manager	Programme Manager	Health Protection Scotland
Ms Amanda Burridge	Administrative Lead	Project Support Manager	Health Protection Scotland
Ms Miriam King [1]	Project Manager	Group Operations Manager/Project Manager	Health Protection Scotland
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
Ms Lisa Allerton	Project Manager	Project Manager	NHS Grampian
Ms Catherine Coffield	Project Manager	Hepatitis C Managed Care Network Manager	NHS Grampian
Ms Ann McGregor	Project Manager	Educational Workforce Co-ordinator/Project Manager (Hepatitis C)	NHS Forth Valley
Ms Julie Murray	Project Manager	Managed Care Network Co-ordinator/Project Manager	NHS Borders
Ms Elaine Ross	Project Manager	Hepatitis C Project Lead/Blood Borne Virus Nurse	NHS Dumfries & Galloway
Mr Justin Schofield	Project Manager	Hepatitis C Programme Manager	NHS Greater Glasgow & Clyde
Ms Hilda Stiven	Project Manager	Senior Health Policy Officer	NHS Lothian
Ms Donna Thain	Project Manager	Blood Borne Virus Managed Care Network Manager	NHS Tayside
Ms Trish Tougher	Project Manager	Blood Borne Virus Managed Care Network Manager	NHS Lanarkshire
Ms Emma Walker	Project Manager	Human Papilloma Virus & Hepatitis C Project Manager	NHS Ayrshire & Arran
Mr Ronald Ward	Project Manager	BBV MCN Manager	NHS Highland
Mr John Taylor [3]	Project Manager	Development Manager Blood Borne Virus Task Group	NHS Fife

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit

Appendix 3: Hepatitis C Action Plan for Scotland, Phase II - Reference and Steering Group Membership

NAME	NETWORK REMIT	POSITION	ORGANISATION
AWARENESS CAMPAIGN REFERENCE GROUP			
Mr Gareth Brown (Chair) [1]	Programme Owner	Team Leader, Infectious Diseases, Immunisation & Blood Borne Viruses	Scottish Government
Ms Amanda Burridge	Administrative Lead	Project Support Manager	Health Protection Scotland
Dr Eleanor Anderson	Chair – Hepatitis C Prevention Leads Network	Consultant in Public Health Medicine	NHS Greater Glasgow & Clyde
Ms Helena Bayler	Patient Representative	Director	Bayler Rafferty Ltd
Mr Brian Coane	Advisor - Marketing	Account Director	Leith Agency
Mr Stephen Heller-Murphy	Lead Organisation Representative	Addictions Policy and Development Manager	Scottish Prison Service
Mr George Howie	Lead Organisation Representative & Chair - Education, Training & Awareness-Raising Network	Health Improvement Programme Manager	NHS Health Scotland
Dr Sharon Hutchinson	Chair - Information Generating Initiatives Leads Network	Analytical Epidemiologist	Health Protection Scotland
Ms Karen Jones	Lead Organisation Representative	Marketing Manager	Scottish Government
Mr David Cameron	Advisor – National Training Provision & Non-Governmental Organisation Network Representative	Interim Director of Blood Borne Viruses	Mainliners Hepatitis C Resource Centre
Ms Elaine Patterson	Advisor – Communication	Account Director	Mediacom
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Dr Kirsty Roy	Advisor – Epidemiology	Epidemiologist	Health Protection Scotland
Professor Avril Taylor	Lead Organisation Representative & Chair – Guidelines Development Group	Director, Institute for Applied Social and Health Research and Associate Dean (Research and Commercialisation), School of Social Sciences	University of the West of Scotland
Ms Clare Woods	Advisor - Marketing	Senior Planner	Leith Agency
CLINICAL DATABASE MONITORING COMMITTEE			
Professor Peter Hayes (Chair)	Co-Chair Scottish Viral Hepatitis Group	Professor of Hepatology	NHS Lothian
Ms Amanda Burridge	Administrative Lead	Project Support Manager	Health Protection Scotland
Dr Bill Carmen	Co-Chair Scottish Viral Hepatitis Group	Consultant Virologist	Glasgow – Regional Virology Lab
Dr John Dillon	Lead Organisation Representative Co-Chair MCN Clinical Leads/Co-ordinators Network	Consultant Gastroenterologist & Hepatologist	NHS Tayside
Dr Ray Fox	Co-Chair MCN Clinical Leads/Co-ordinators Network	Consultant in Infectious Diseases	NHS Greater Glasgow & Clyde
Dr Andrew Fraser	MCN Clinical Lead	Consultant Hepatologist	NHS Grampian
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Dr Sharon Hutchinson	Chair -Information Generating Initiatives Leads Network	Analytical Epidemiologist	Health Protection Scotland
Mr Hamish Innes	Epidemiologist [5]	Epidemiologist	Health Protection Scotland
Dr Nick Kennedy	MCN Clinical Lead	Consultant in Infectious Diseases	NHS Lanarkshire
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
Dr Peter Mills	Advisor - Gastroenterology	Consultant Physician & Gastroenterologist	NHS Greater Glasgow & Clyde
Dr Adrian Stanley	Advisor - Gastroenterology	Consultant Gastroenterologist	NHS Greater Glasgow & Clyde
Dr David Wilks	Advisor – Infectious Disease	Consultant in Infectious Diseases	NHS Lothian

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit
[5] Epidemiologist providing advice, support and expertise for the cited Action through a partnership arrangement with the Lead Organisation.

Appendix 3: Hepatitis C Action Plan for Scotland, Phase II - Reference and Steering Group Membership (Cont)

NAME	NETWORK REMIT	POSITION	ORGANISATION
GENERIC CLINICAL SYSTEM EXECUTIVE GROUP (Action 19)			
Dr John Dillon (Chair)	Lead Organisation Representative Co-Chair MCN Clinical Leads/Co-ordinators Network	Consultant Gastroenterologist & Hepatologist	NHS Tayside
Ms Amanda Burridge	Administrative Lead	Project Support Manager	Health Protection Scotland
Mr Roy Bryce	Advisor – Information Technology	IT Project Manager	Health Protection Scotland
Dr Andrew Fraser	MCN Clinical Lead	Consultant Hepatologist	NHS Grampian
Dr Sharon Hutchinson	Chair -Information Generating Initiatives Leads Network	Analytical Epidemiologist	Health Protection Scotland
Mr Hamish Innes	Epidemiologist [5]	Epidemiologist	Health Protection Scotland
Dr Hasnain Jafferbhoy	Lead Organisation Representative	Specialist Registrar	NHS Tayside
Ms Margaret Nelson	Specialist Nurse	Hepatitis C Specialist Nurse	NHS Greater Glasgow & Clyde
Dr Nick Kennedy	MCN Clinical Lead	Consultant in Infectious Diseases	NHS Lanarkshire
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
NHS GREATER GLASGOW & CLYDE STEERING GROUP FOR ACTION 24 – PREVALENCE AMONG PEOPLE WHO HAVE LIVED IN PAKISTAN			
Dr Eleanor Anderson (Chair)	Lead Organisation Representative & Chair – Hepatitis C Prevention Leads Network	Consultant in Public Health Medicine	NHS Greater Glasgow & Clyde
Dr Sheila Cameron	Lead Organisation Representative	Consultant Clinical Scientist (Virology)	West of Scotland Specialist Virology Centre
Dr Ray Fox	Co-Chair MCN Clinical Leads/Co-ordinators Network	Consultant in Infectious Diseases	NHS Greater Glasgow & Clyde
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Dr Sharon Hutchinson	Chair -Information Generating Initiatives Leads Network	Analytical Epidemiologist	Health Protection Scotland
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
Dr Peter Mills	Advisor – Gastroenterology	Consultant Physician & Gastroenterologist	NHS Greater Glasgow & Clyde
Ms Maureen O'Leary	Epidemiologist [5]	Epidemiologist	Health Protection Scotland
Ms Sarah Graham	Project Manager	Hepatitis C Project Manager	NHS Greater Glasgow & Clyde
Mr Justin Schofield	Lead Organisation Representative	Hepatitis C Programme Manager	NHS Greater Glasgow & Clyde
Dr Mohammad Saeed Sarwar	Advisor – Gastroenterology	Consultant Physician and Gastroenterologist	NHS Greater Glasgow & Clyde
Mr Shabir Banday	Advisor	Director	Reach Community Health Project
Dr Syed Ahmed	Lead Organisation Representative/Co-Chair Executive Leads Network	Consultant in Public Health Medicine	NHS Greater Glasgow & Clyde
Prof. Graham Foster	Advisor - Hepatology	Professor of Hepatology	Queen Mary's University of London and The London NHS Trust

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit
[5] Epidemiologist providing advice, support and expertise for the cited Action through a partnership arrangement with the Lead Organisation.

Appendix 3: Hepatitis C Action Plan for Scotland, Phase II - Reference and Steering Group Membership (Cont)

NAME	NETWORK REMIT	POSITION	ORGANISATION
GUIDELINES DEVELOPMENT GROUP			
Professor Avril Taylor (Chair)	Lead Organisation Representative & Chair – Guidelines Development Group	Director, Institute for Applied Social and Health Research and Associate Dean (Research and Commercialisation), School of Social Sciences	University of the West of Scotland
Dr Syed Ahmed	Co-Chair - Executive Leads Network	Consultant in Public Health Medicine	NHS Greater Glasgow & Clyde
Mr Paul Arbuckle	Lead Organisation Representative	Information Manager	NHS National Services Scotland
Mr Gareth Brown [1]	Programme Owner	Team Leader, Infectious Diseases, Immunisation & Blood Borne Viruses	Scottish Government
Mrs Francis Donachie	Advisor - Injecting Equipment Provision	Pharmacist	NHS Ayrshire & Arran
Mr James Egan	Advisor - Injecting Equipment Provision	Head of Policy and Practice	Scottish Drugs Forum
Ms Dawn Griesbach	Advisor - Injecting Equipment Provision	Director and Principal Researcher of Griesbach & Associates	Griesbach & Associates
Mr Stephen Heller-Murphy	Lead Organisation Representative	Addictions Policy and Development Manager	Scottish Prison Service
Mr George Howie	Lead Organisation Representative & Chair - Education, Training & Awareness Raising Network	Health Improvement Programme Manager	NHS Health Scotland
Ms Carole Hunter	Advisor - Injecting Equipment Provision	Lead Pharmacist	Glasgow Addiction Services
Mr George Hunter	Advisor - Injecting Equipment Provision	Manager	Turning Point Scotland
Ms Senga Macdonald	Advisor - Injecting Equipment Provision	General Manager	Drugs Action
Dr Catriona Matheson	Advisor - Injecting Equipment Provision	Research Fellow	University of Aberdeen
Miss Norah Palmateer	Advisor - Injecting Equipment Provision & Epidemiology	Hepatitis C Epidemiologist	Health Protection Scotland
Dr Kirsty Roy	Advisor – Epidemiology	Epidemiologist	Health Protection Scotland
Mr Justin Schofield	Lead Organisation Representative	Hepatitis C Programme Manager	NHS Greater Glasgow & Clyde
Mr Jim Shanley	Prevention Lead	Manager, Harm Reduction Team	NHS Lothian
Ms Lynda Tweddle	Prevention Lead	Bloodborne Virus Health Improvement and Training	NHS Dumfries & Galloway
Mrs Maureen Woods	Prevention Lead	Team Leader, Harm Reduction Service	NHS Lanarkshire
Mr Leon Wylie	Advisor & Communication link with Drug & Alcohol Teams	National Substance Use Support Officer	Scottish Association of Alcohol & Drug Action Teams
GLASGOW DENTAL HOSPITAL STEERING GROUP FOR ACTION 24 - HEPATITIS C IN CHILDREN: PREVALENCE AND RISK FACTORS			
Professor Richard Wellbury (Chair)	Lead Organisation Representative	Professor of Child Dental Health	University of Glasgow Dental Hospital and School
Professor Jeremy Bagg	Lead Organisation Representative	Professor of Clinical Microbiology and Head of Dental School	University of Glasgow Dental Hospital and School
Dr Sheila Cameron	Lead Organisation Representative	Consultant Clinical Scientist (Virology)	West of Scotland Specialist Virology Centre
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Dr Rosie Hague	Advisor - Paediatric Infectious Diseases	Consultant in Paediatric Infectious Diseases	NHS Greater Glasgow & Clyde
Dr Sharon Hutchinson	Chair -Information Generating Initiatives Leads Network	Analytical Epidemiologist	Health Protection Scotland
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
Ms Maureen O'Leary	Epidemiologist [5]	Epidemiologist	Health Protection Scotland
Dr Kirsty Roy	Epidemiologist [5]	Epidemiologist	Health Protection Scotland

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit
[5] Epidemiologist providing advice, support and expertise for the cited Action through a partnership arrangement with the Lead Organisation.

Appendix 3: Hepatitis C Action Plan for Scotland, Phase II - Reference and Steering Group Membership (Cont)

NAME	NETWORK REMIT	POSITION	ORGANISATION
LEARNING TEACHING SCOTLAND STEERING GROUP (Action 18)			
Mr Iain Ramsay (Chair)	Lead Organisation Representative	Health and Wellbeing Team Leader	Learning and Teaching Scotland
Ms Morven Bell	Advisor – Education	Consultant	Create Consultancy Ltd
Mr Bill Boyd	Lead Organisation Representative	Education Manager	Learning and Teaching Scotland
Ms Ann Lee	Advisor – Health & Education	Programme Manager	NHS Health Scotland
Mrs Lesley McGuire [1]	Project Manager	Project Manager	Health Protection Scotland
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
ISD STEERING GROUP (Action 21)			
Ms Lee Davies (Chair)	Lead Organisation Representative	Programme Principal	NHS National Services Scotland
Mr Chris Black	Advisor	Information Analyst/ Statistician	NHS National Services Scotland
Mr Paul McAleer	Advisor	Information Analyst/ Statistician	NHS National Services Scotland
Ms Julia Wallace	Advisor	Information Analyst/ Statistician	NHS National Services Scotland
Mrs Sita Smith	Advisor	Principal Information Analyst	NHS National Services Scotland
Professor Avril Taylor	Chair – Guidelines Development Group	Director, Institute for Applied Social and Health Research and Associate Dean (Research and Commercialisation), School of Social Sciences	University of West of Scotland
Ms Roisin Ash	Advisor	Senior Researcher	Scottish Government
Ms Karen Melville	Advisor	Pharmacist/Head of Harm Reduction	NHS Tayside
Ms Norah Palmateer	Advisor	Hepatitis C Epidemiologist	Health Protection Scotland
Dr Sharon Hutchinson	Chair - Information Generating Initiatives Leads Network	Analytical Epidemiologist	Health Protection Scotland
Mr Stephen Heller-Murphy	Lead Organisation Representative	Addictions Policy and Development Manager	Scottish Prison Service
Ms Carole Hunter	Advisor	Lead Pharmacist	NHS Greater Glasgow & Clyde
Ms Jean Logan	Advisor	Specialist Pharmacist in Substance Misuse	NHS Forth Valley
Mr Jim Shanley	Prevention Lead	Manager, Harm Reduction Team	NHS Lothian
Mr Dave Liddell	Advisor	Director of Scottish Drugs Forum	Scottish Drugs Forum
Dr Nicola Rowan	Programme Manager	Programme Manager	Health Protection Scotland
Dr Eleanor Anderson	Chair – Hepatitis C Prevention Leads Network	Consultant in Public Health Medicine	NHS Greater Glasgow & Clyde

[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit

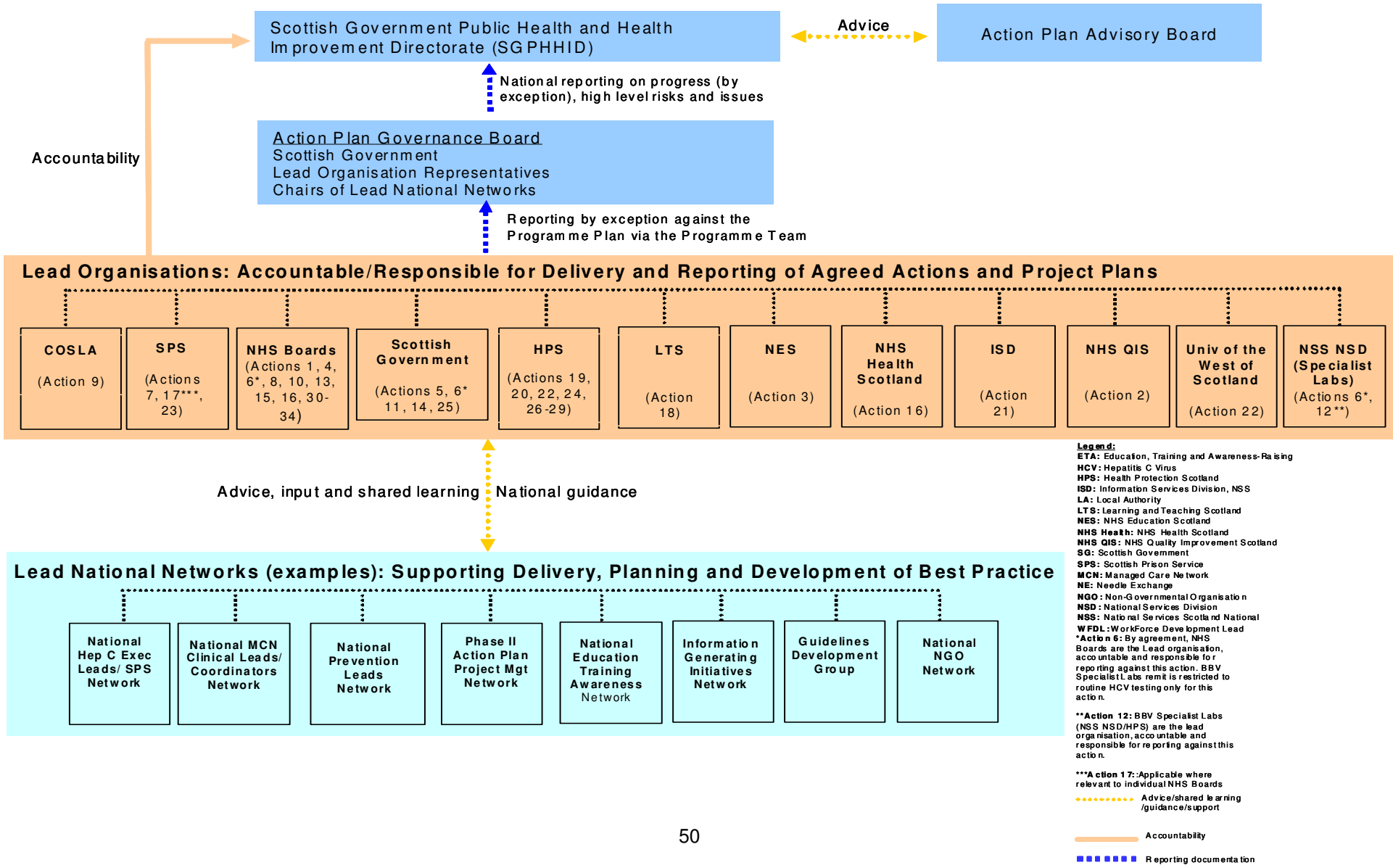
Appendix 3: Hepatitis C Action Plan for Scotland, Phase II - Reference and Steering Group Membership (Cont)

NAME	NETWORK REMIT	POSITION	ORGANISATION
NHS EDUCATION FOR SCOTLAND HEPATITIS C ADVISORY GROUP (Actions 3 &4)			
Mrs Ruth Robertson (Chair)	Lead Organisation Representative	Health Protection Education Programme Manager	Health Protection Scotland and NHS Education for Scotland
Mr Steven Black	Lead Organisation Representative	National Workforce Development & Education Co-ordinator (Hepatitis C)	NHS Education for Scotland
Dr Margaret Brown	Advisor – Workforce Development and Education	Project Leader	NHS Education for Scotland
Mr David Cameron	Advisor – National Training Provision & Non-Governmental Organisation Network Representative	Interim Director of Blood Borne Viruses	Mainliners Hepatitis C Resource Centre
Dr Sheila Cameron	Lead Organisation Representative	Consultant Clinical Scientist (Virology)	West of Scotland Specialist Virology Centre
Mrs Louise Carroll	Workforce Development & Education Leads Network Representative	Research and Development Officer for Bloodborne Virus	NHS Greater Glasgow & Clyde
Ms Liz Gillies	Advisor – Workforce Development and Education	Director Healthcare Associated Infection Initiative	NHS Education for Scotland
Mr George Howie	Lead Organisation Representative & Chair - Education, Training & Awareness Raising Network	Chair - Education, Training & Awareness-raising Network & Health Improvement Programme Manager	NHS Scotland
Mr Allan Johnston	Advisor – National Training Provision	Business Development and Operations Manager	Scottish Training on Drugs and Alcohol
Dr Nicola Rowan [1]	Programme Manager	Programme Manager	Health Protection Scotland
Dr Kirsty Roy	Advisor – Epidemiology	Epidemiologist	Health Protection Scotland
Professor Avril Taylor	Lead Organisation Representative & Chair – Guidelines Development Group	Director, Institute for Applied Social and Health Research and Associate Dean (Research and Commercialisation), School of Social Sciences	University of the West of Scotland
UK INJECTING DRUG USE SERO & BEHAVIORAL SURVEILLANCE STEERING GROUP			
Dr Sharon Hutchinson (Co-Chair)	Lead Organisation Representative & Chair -Information Generating Initiatives Leads Network	Analytical Epidemiologist	Health Protection Scotland
Dr Vivian Hope (Co-Chair)	Advisor [6]	Co-Chair, Epidemiologist	Health Protection Agency
Dr Sheila Cameron	Lead Organisation Representative	Consultant Clinical Scientist (Virology)	West of Scotland Specialist Virology Centre
Dr Noel Craine	Advisor [6]	Research Scientist	National Public Health Service for Wales
Professor David Goldberg [1]	Programme Sponsor & Chair – Action Plan Governance Board	Consultant in Public Health Medicine	Health Protection Scotland
Dr Matthew Hickman	Advisor [6]	Reader in Public Health and Epidemiology	University of Bristol
Dr Neil Irvine	Advisor [6]	Regional Epidemiologist	Communicable Disease Surveillance Centre Northern Ireland
Mr Alan Lodwick	Advisor [6]	Information Manager, Sexual Health and Substance Misuse	Department of Health
Dr Fortune Ncube	Advisor [6]	Consultant Epidemiologist	Health Protection Agency
Professor John Parry	Advisor [6]	Virologist	Health Protection Agency
Professor Avril Taylor	Lead Organisation Representative & Chair – Guidelines Development Group	Director, Institute for Applied Social and Health Research and Associate Dean (Research and Commercialisation), School of Social Sciences	University of the West of Scotland
Dr Daniel Thomas	Advisor [6]	Head of Surveillance	National Public Health Service for Wales

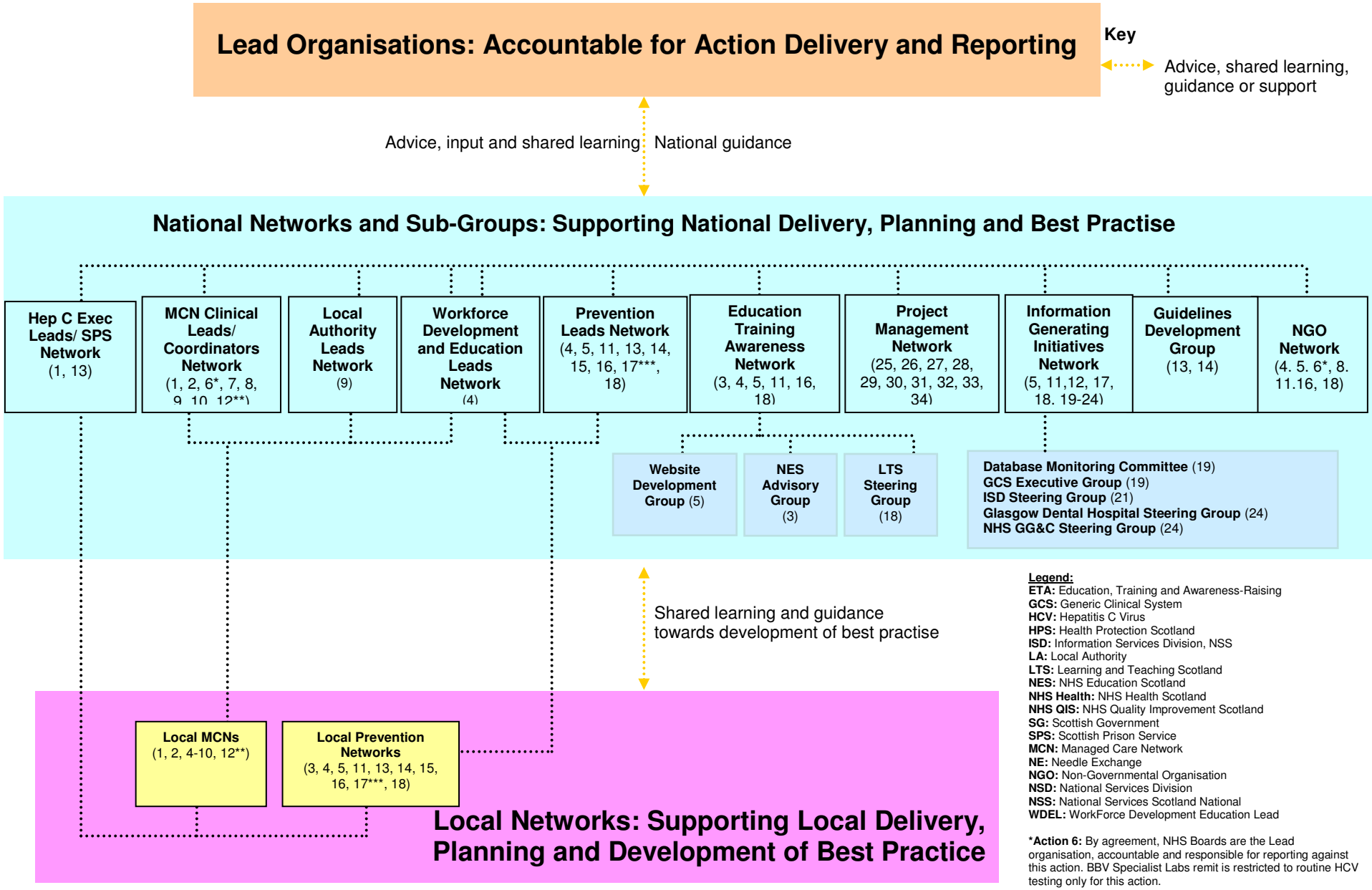
[1] Member of Action Plan Core Governance Board
[2] Maternity cover for Dr Maria Rossi
[3] Interim Remit
[4] Joint Remit
[5] Epidemiologist providing advice, support and expertise for the cited Action through a partnership arrangement with the Lead Organisation.
[6] Advice and expertise on Hepatitis C research, epidemiology and/or surveillance in the context of public health or health protection

Appendix 4: Hepatitis C Action Plan for Scotland, Phase II - Governance

4.1 Governance Structure Overview



Appendix 4.2: Networks and Groups supporting Lead Organisations



Legend:
ETA: Education, Training and Awareness-Raising
GCS: Generic Clinical System
HCV: Hepatitis C Virus
HPS: Health Protection Scotland
ISD: Information Services Division, NSS
LA: Local Authority
LTS: Learning and Teaching Scotland
NES: NHS Education Scotland
NHS Health: NHS Health Scotland
NHS QIS: NHS Quality Improvement Scotland
SG: Scottish Government
SPS: Scottish Prison Service
MCN: Managed Care Network
NE: Needle Exchange
NGO: Non-Governmental Organisation
NSD: National Services Division
NSS: National Services Scotland National
WDEL: WorkForce Development Education Lead

***Action 6:** By agreement, NHS Boards are the Lead organisation, accountable and responsible for reporting against this action. BBV Specialist Labs remit is restricted to routine HCV testing only for this action.

****Action 12:** BBV Specialist Labs (NSS NSD/HPS) are the lead organisation, accountable and responsible for reporting against this action.

*****Action 17:** Applicable where relevant to individual NHS Boards